

# An Interview for Children: Traumatic Events Screening Inventory (TESI-C)

## INTRODUCTION FOR CLINICIAN INTERVIEWERS

### **OVERVIEW**

The TESI-C protocol is a *guide* for clinical and/or research interviewing to *screen* for a child's history of exposure to *potentially* traumatic experiences. The protocol is designed to help clinicians focus in a systematic fashion on the primary domains of trauma for children, which include direct exposure to or witnessing of severe accidents, illness or disaster, family or community conflict or violence, and sexual molestation. The questions are arranged to hierarchically review experiences in an order that helps the child tolerate the possible stress of disclosing traumatic experiences: gradually increasing the intimacy of the experiences (i.e., sexual trauma is reserved for the end of the interview) and so to help the child recall not only physical harm/violence but also incidents of threatened harm and witnessed trauma.

The interview includes 16 items that survey the domains of potential traumatic experiences. Each item rated *YES* is followed immediately with probes to determine the child and interviewer's view of the life threat/severe injury/risk of severe injury involved (**OBJECTIVE**) and three probes eliciting the child's appraisal of the potentially traumatic incident(s) described for that item (**APPRAISAL**).

### **CLINICAL/FORENSIC USE**

This protocol provides hypotheses, *not a definitive identification or rule-out*. All findings should be corroborated by information from independent sources. The interview is designed for use **ONLY** by qualified mental health professionals or advanced trainees supervised by a qualified mental health professional. The critical qualifications are:

- Licensure for independent practice in child assessment and psychotherapy
- Supervised experience in assessment or psychotherapy with child survivors of trauma and their families

The protocol should not supersede clinical judgment in making the following judgments to ensure that all relevant data are obtained and that the child is not retraumatized in the process:

- If a child's affective or behavioral state or level of distress warrants either pausing from or discontinuing the protocol or doing a more detailed inquiry than provided in the protocol
- If event(s) that do not qualify as DSM-IV Criterion A traumata still warrant clinical exploration (e.g., exposure to sexualized activities not covered by items #12 and 13; family separation due to divorce)

### **ADMINISTRATION and SCORING**

- (A) • ask the initial question verbatim, and follow with open-ended probe questions to clarify EACH incident
- (B) • ask the additional question(s) verbatim, again following up with open-ended probes for EACH incident
- (C) • elicit sufficient information to make an informed choice among the rating options:

**YES** = child describes one or more incidents of the type defined by the question;

NOTE that a "YES" does NOT automatically indicate traumatic exposure.

Trauma requires determination of life/physical threat (Criterion A1) and subjective fear, helplessness, or horror (Criterion A2) by the specific probe questions that follow.

**NO** = child states that s/he has not experienced any incident of the type defined.

If no other information indicates such an incident, continue to the next TESI-C item.

**NOT SURE** = insufficient information for *YES* or *NO*; gather additional data if possible

If no further information indicates such an incident, continue to the next TESI-C item.

**REFUSED** = child responded "pass" or otherwise refused to answer the question(s)

If no other information indicates such an incident, continue to the next TESI-C item.

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**QV: QUESTIONABLE VALIDITY** = child's credibility as historian or circumstances cause reasonable doubt [Provide written explanation in space provided just below the rating boxes for that item]

## INTRODUCTION FOR CLINICIAN INTERVIEWERS (continued)

(D) • Use closed-ended probes to definitively indicate the following key trauma-specific information:

**OBJECTIVE HARM/THREAT** according to Child = child's view of whether serious harm did or could have occurred. Mark "YES" for each event endorsed by child. Mark "YES" if child's open-ended responses clearly indicate s/he views the event as causing/threatening death/severe physical harm. Ask the specific probe question only if child's open-ended answer does not clearly give this information. Mark "NO" if the child does not indicate the event involved or threatened severe harm/death.

**OBJECTIVE HARM/THREAT** according to Interviewer = based on a careful review of the incident with the child, answer "YES" if you judge the event caused or threatened severe physical harm/death to ANYONE involved, and "NO" if you judge the event did not cause or threaten harm/death to ANYONE involved.

**SUBJECTIVE APPRAISAL** of extreme fear = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates s/he felt extreme fear in or immediately following the incident. Mark "NO" if the child specifically says s/he did not feel extreme fear, in response to the probe question.

**SUBJECTIVE APPRAISAL** of helplessness = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates s/he felt helpless in or immediately following the incident. Mark "NO" if the child specifically says s/he did not feel helpless, in response to the probe question.

**SUBJECTIVE APPRAISAL** of horror = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates s/he felt sick, disgusted, or horrified in or immediately following the incident. Mark "NO" if the child specifically says s/he did not, in response to the probe question.

***If information provided in answers to subsequent questions indicates a need for clarification and possible revision of the rating of a prior question, it is appropriate to return and, if necessary, modify the rating of the earlier question.***

If more than one event or experience is described for any item:

- (a) Use open-ended probes to clarify the nature and impact of each incident
- (b) Repeat/record the **OBJECTIVE** and **APPRAISAL** questions separately for each event.

### Research Uses of Data from this Interview

Follow-up probes are provided for all questions and at the end of each Event Section and at the end of the interview to permit a determination of whether each identified event qualifies as a **traumatic** stressor based upon the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV) definition of post-traumatic stress disorder:.

- **A(1)** Involves experiencing, witnessing, or being "confronted with" actual or threatened death or serious physical injury, or a threat to the physical integrity of self or others  
**Both the child's and the interviewer's appraisal must be documented for each event.**

**\*\*\*AND\*\*\***

- **A(2)** Be appraised by the individual as causing "intense fear, helplessness, or horror" -- which may be expressed by children as "disorganized or agitated behavior."  
**The child's recollection of fear, confusion, or disgust must also be documented.**

(2) **Informed Consent** (in a format approved by an appropriate Institutional Review

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Board or Human Subjects/Research Participants Committee) **MUST** be obtained from an appropriate parent or adult guardian if these data are to be used for research purposes.

"I'M GOING TO ASK YOU ABOUT SOME THINGS THAT SOMETIMES HAPPEN TO KIDS (TEENAGERS). WE'LL TALK ABOUT A BUNCH OF OTHER THINGS THAT HAVE HAPPENED TO YOU, BUT RIGHT NOW I'D LIKE TO KNOW ABOUT THINGS THAT WERE THE SCARIEST THINGS THAT EVER HAPPENED TO YOU. IF I ASK ABOUT SOMETHING YOU DON'T WANT TO TALK ABOUT, JUST SAY 'PASS' OK?"

**1.1 Have you ever been in a really bad accident, like a car accident, a fall or a fire?**

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ...]	<b>1</b>	<b>2</b>	<b>3</b>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<b>1</b>	<b>2</b>	<b>3</b>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?*

<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R	<input type="checkbox"/> 5 QV
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[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ What happened?  
Was someone you know in the accident? Who? Were any strangers in the accident?

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b]. Were you hurt? [What was the hurt?] Did you go to the doctor or hospital? [If Yes, note for Section 1.5 below]  
Was someone else hurt in the accident? [Who? What was the hurt? Did they go to the doctor or the hospital?]  
Did someone die in the accident? [Who?]

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## 1.2. Have you ever seen a really bad accident that you weren't actually in?

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<i>Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?</i>	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ What happened?  
Was someone you know in the accident? Who? Were any strangers in the accident?

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b]. Was someone hurt? Did someone die? [Who? What happened? Did they go to the doctor or the hospital?]

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## 1.3. Have you ever been in a *really* bad storm, like a tornado, a hurricane, or a blizzard? Or in a flood or an earthquake? Or were you ever hit by lightning?

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<i>Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?</i>	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ What happened?

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b]. Were you hurt? [What was the hurt?] Did you go to the doctor or hospital? [If Yes, note for Section 1.5 below]

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b]. Was someone hurt? Did someone die? [Who? What happened? Did they go to the doctor or the hospital?]

\_\_\_\_\_

\_\_\_\_\_

## 1.4 Have you ever known someone who got really hurt or sick, or even died?

<b>CRITERION A1:</b> [Ask only if not already clear from child's description ... ]	<b>1</b>	<b>2</b>	<b>3</b>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
<b>[Interviewer: in your clinical judgment, was each incident life-threatening?</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Was or could the child or another person have been killed/severely injured?]</b>	Y N	Y N	Y N
<b>CRITERION A2:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO
<b>Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

**[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]**

- a]. Who got really hurt or sick, or died? ( **Clinician: Check all applicable persons**)
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> mother/stepmother</li> <li><input type="checkbox"/> father/stepfather</li> <li><input type="checkbox"/> a sibling: _____</li> <li><input type="checkbox"/> grandparent: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> another relative _____</li> <li><input type="checkbox"/> a grown-up you know _____</li> <li><input type="checkbox"/> somebody your age you know _____</li> <li><input type="checkbox"/> another person: _____</li> </ul> |
|--|--|
- b]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ What happened?
- \_\_\_\_\_
- \_\_\_\_\_

## 1.5 Have you ever had to stay overnight at the hospital or have an operation?

<b>CRITERION A1:</b> [Ask only if not already clear from child's description ... ]	<b>1</b>	<b>2</b>	<b>3</b>
When you stayed in the hospital were you really badly hurt or did you think you might die?	Y N	Y N	Y N
When you stayed in the hospital did you see or hear people who were badly hurt or died?	Y N	Y N	Y N
<b>[Interviewer: in your clinical judgment, when the child was an Inpatient,</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Was her/his life at risk or could s/he have died?]</b>	Y N	Y N	Y N
<b>[Did s/he witness others in severe pain, severely injured or ill, or dying?]</b>	Y N	Y N	Y N
<b>CRITERION A2:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO
<b>Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

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[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

- a]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
- b]. What happened? How many times did you go? How long did you stay? Did someone stay with you most of the time [Who?]? Did someone visit you [Who?]?

**1.6 Have you ever had to go away from your parents or family for a long time? Like going to live with another family, or a boarding school or camp, or a hospital or detention center? Or did your mother, father, or someone else who looks after you ever go away for a long time?**

*CRITERION A1:* [Interviewer: in your clinical judgment, when the child was separated]

Was this a separation from her/his primary caregiver(s)? **1**      **2**      **3**  
Y N    Y N    Y N

Was the child unable to establish a secure relationship with an alternative caregiver? Y N    Y N    Y N

*CRITERION A2:*

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you? **1**      **2**      **3**  
YES    YES    YES  
NO     NO     NO

Did you feel confused or mixed up (or helpless)? YES    YES    YES  
NO     NO     NO

Did you feel sick or disgusted (or horrified)? YES    YES    YES  
NO     NO     NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?* **YES**      **YES**      **YES**  
 1 Y (MEETS A1 AND A2) Comments: \_\_\_\_\_  2 N     3 NS     4 R     5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

- a]. How old were you when this happened? **AGE(s)** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
- b]. What happened? How many times? How long were you/they away? Did someone else look after you? Were you still with other people in your family, like your brothers or sisters, or your grandparents, or with kids who are your friends?

**2.1 Has someone ever attacked you or tried to hurt you really badly on purpose—like beating, shaking, biting, burning or choking you, or stabbing you with a knife or shooting you with a gun? Or has anyone ever punished you so hard that you were hurt really badly or had to go to the doctor or hospital-like a spanking, whipping, or beating?**

*CRITERION A1:* [Ask only if not already clear from child's description ... ]

When this happened, were you really hurt? Was someone else really hurt or even killed? **1**      **2**      **3**  
Y N    Y N    Y N

[Interviewer: in your clinical judgment, was each incident life-threatening?

Was or could the child or another person have been killed/severely injured? **1**      **2**      **3**  
Y N    Y N    Y N

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**CRITERION A2:**

	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<b>Interviewer:</b> In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?	<b>YES</b>	<b>YES</b>	<b>YES</b>
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

## 2.2 Has someone ever *told* you they were going to hurt you really badly, or *acted like they were going to hurt you really badly*?

	<b>1</b>	<b>2</b>	<b>3</b>
<b>CRITERION A1:</b> [Ask only if not already clear from child's description ... ] When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N

	<b>1</b>	<b>2</b>	<b>3</b>
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	Y N	Y N	Y N

**CRITERION A2:**

	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<b>Interviewer:</b> In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?	<b>YES</b>	<b>YES</b>	<b>YES</b>
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

**[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]**

a]. How old were you? **AGE(s)** (2.1.1) \_\_\_\_\_ (2.1.2) \_\_\_\_\_ (2.1.3) \_\_\_\_\_ (2.2.1) \_\_\_\_\_ (2.2.2) \_\_\_\_\_ (2.2.3) \_\_\_\_\_

Who tried on purpose to hurt you really badly or threatened to hurt you really badly?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> mother/stepmother</li> <li><input type="radio"/> father/stepfather</li> <li><input type="radio"/> sibling (AGE at the time) : _____</li> <li><input type="radio"/> grandparent: _____</li> <li><input type="radio"/> other relative: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> a grown-up you know _____</li> <li><input type="radio"/> a grown-up you don't know</li> <li><input type="radio"/> a child or teenager you know (AGE) _____</li> <li><input type="radio"/> a child or teenager you don't know (AGE) _____</li> <li><input type="radio"/> someone else (AGE) _____</li> </ul> |
|--|--|

b]. [Interviewer: Ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons]

What happened? \_\_\_\_\_

How did [ \_\_\_\_\_ ] try to hurt you or say they'd hurt you? Did [ \_\_\_\_\_ ] use something like a weapon?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> hitting, kicking, biting (without weapon)</li> <li><input type="radio"/> choking, smothering, burning</li> <li><input type="radio"/> use of a dangerous object to strike child</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> use of a weapon (gun, knife, chain, bat)</li> <li><input type="radio"/> some other potential serious harm _____</li> </ul> |
|--|---|

c]. How often did [ \_\_\_\_\_ ] try on purpose or threaten to hurt you really badly?

- only once or twice     several times     several times a month     daily

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## 2.3 Children 12 or younger: Has someone a lot older ever tried to steal from you? Or from a family member or friend when you were right there?

*Teenagers: Has someone ever mugged you or held you up to try to steal from you? Or have you ever been present when a family member or close friend was mugged?*

*CRITERION A1: [Ask only if not already clear from child's description ... ]*

	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N

[Interviewer: in your clinical judgment, was each incident life-threatening?  
Was or could the child or another person have been killed/severely injured?]

	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N

*CRITERION A2:*

	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?*

	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

## 2.4 Has someone ever kidnapped you or taken you away when they weren't supposed Or has someone in your family or a close friend ever been kidnapped?

*CRITERION A1: [Ask only if not already clear from child's description ... ]*

	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N

[Interviewer: in your clinical judgment, was each incident life-threatening?  
Was or could the child or another person have been killed/severely injured?]

	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N

*CRITERION A2:*

	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?*

	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you? **AGE(s)** (2.3.1) \_\_\_\_\_ (2.3.2) \_\_\_\_\_ (2.3.3) \_\_\_\_\_ (2.4.1) \_\_\_\_\_ (2.4.2) \_\_\_\_\_ (2.4.3) \_\_\_\_\_

Who tried on purpose to hurt you really badly or threatened to hurt you really badly?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> mother/stepmother</li> <li><input type="radio"/> father/stepfather</li> <li><input type="radio"/> sibling (AGE at the time) : _____</li> <li><input type="radio"/> grandparent: _____</li> <li><input type="radio"/> other relative: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> a grown-up you know _____</li> <li><input type="radio"/> a grown-up you don't know</li> <li><input type="radio"/> a child or teenager you know (AGE) _____</li> <li><input type="radio"/> a child or teenager you don't know (AGE) _____</li> <li><input type="radio"/> someone else (AGE) _____</li> </ul> |
|--|--|

b). [Interviewer: Ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons.]

What happened? \_\_\_\_\_



- How did [ ] try to mug you or kidnap you? **ANSWER ONE** Did [ = yes; ] use something like a weapon?
- o hitting, kicking, biting (without weapon)
  - o choking, smothering, burning
  - o use of a dangerous object to strike child
  - o use of a weapon (gun, knife, chain, bat)
  - o some other potential serious harm
- 
- c]. How often did [ ] try to mug you or kidnap you?
- o only once or twice
  - o several times
  - o several times a month
  - o daily

**2.5 Have you ever been attacked by a dog or another animal?**

**CRITERION A1:** [Ask only if not already clear from child's description ... ]

When this happened, were you really hurt? Was someone else really hurt or even killed?	<u>1</u> Y N	<u>2</u> Y N	<u>3</u> Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u> Y N	<u>2</u> Y N	<u>3</u> Y N

**CRITERION A2:**

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	<u>1</u> YES NO	<u>2</u> YES NO	<u>3</u> YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

**Interviewer:** In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?

<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R	<input type="checkbox"/> 5 QV
--	------------------------------	-------------------------------	------------------------------	-------------------------------

What happened? \_\_\_\_\_

---

**3.1 Have you ever seen people in your family fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?**

**CRITERION A1:** [Ask only if not already clear from child's description ... ]

When this happened, were you really hurt? Was someone else really hurt or even killed?	<u>1</u> Y N	<u>2</u> Y N	<u>3</u> Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u> Y N	<u>2</u> Y N	<u>3</u> Y N

**CRITERION A2:**

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	<u>1</u> YES NO	<u>2</u> YES NO	<u>3</u> YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

**Interviewer:** In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?

<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R	<input type="checkbox"/> 5 QV
--	------------------------------	-------------------------------	------------------------------	-------------------------------

# An Interview for Children: Traumatic Events Screening Inventory (TESI-C)

## 3.2 Even if they weren't physically attacking each other, have you ever heard people in your family really yelling and screaming at each other a lot?

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<i>Interviewer:</i> In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

## 3.3. Has someone in your family ever been put in jail or prison? Or have the police or soldiers ever come to your house and said you or your family were in big trouble?

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

<i>Interviewer:</i> In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?	YES	YES	YES
<input type="checkbox"/> 1 Y (MEETS A1 AND A2) Comments: _____	<input type="checkbox"/> 2 N	<input type="checkbox"/> 3 NS	<input type="checkbox"/> 4 R <input type="checkbox"/> 5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you? **AGE(s)** (3.1.1)\_\_\_\_(3.1.2)\_\_\_\_(3.1.3)\_\_\_\_ (3.2.1)\_\_\_\_(3.2.2)\_\_\_\_(3.2.3)(3.31)\_\_\_\_  
(3.3.2)\_\_\_\_3.3.3)\_

b]. Who did this? Who else was there? \_\_\_\_\_

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| o mother/stepmother _____           | o grandparent _____                |
| o father/stepfather _____           | o another adult relative _____     |
| o sibling (AGE at the time) : _____ | o another child/teenager (AGE)____ |

[Interviewer: If the child describes being assaulted or threatened personally, GO BACK TO SECTION 2.  
Ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons.]

What happened? \_\_\_\_\_ ANSWER KEY: Y = yes; N = no; NS = not sure

How did [ ] fight with or yell and scream at each other? Did [ ] use something like a weapon?  
 hitting, kicking, biting (without weapon)                       use of a weapon (gun, knife, chain, bat)  
 choking, smothering, burning     some other potential serious harm  
 use of a dangerous object to strike child

c]. How often did [ ] fight or yell and scream at each other?  
 only once or twice     several times     several times a month     daily

**4.1 Have you ever seen people outside your home fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?**

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<b>1</b>	<b>2</b>	<b>3</b>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<b>1</b>	<b>2</b>	<b>3</b>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?* YES YES YES  
 1 Y (MEETS A1 AND A2) Comments: \_\_\_\_\_  2 N  3 NS  4 R  5 QV

**4.2 Even if they weren't physically attacking each other, have you ever heard people outside your home really yelling and screaming at each other a lot?**

<i>CRITERION A1:</i> [Ask only if not already clear from child's description ... ]	<b>1</b>	<b>2</b>	<b>3</b>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N
[Interviewer: in your clinical judgment, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?]	<b>1</b>	<b>2</b>	<b>3</b>
	Y N	Y N	Y N
<i>CRITERION A2:</i>	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

*Interviewer: In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified?* YES YES YES  
 1 Y (MEETS A1 AND A2) Comments: \_\_\_\_\_  2 N  3 NS  4 R  5 QV

# An Interview for Children: Traumatic Events Screening Inventory (TESI-C)

**4.3 Have you seen or heard people attacking each other *for real* on television or radio? Like a war or a building blowing up?** *Note: Ask probes even if child cannot distinguish fictitious from real events.*

**CRITERION A1:** [Ask only if not already clear from child's description ... ]

	<u>1</u>	<u>2</u>	<u>3</u>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N

[Interviewer: in your clinical judgment, was each incident life-threatening?  
Was or could the child or another person have been killed/severely injured?]

	<u>1</u>	<u>2</u>	<u>3</u>
	Y N	Y N	Y N

**CRITERION A2:**

	<u>1</u>	<u>2</u>	<u>3</u>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO
Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO

**Interviewer:** In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified? YES YES YES

1 Y (MEETS A1 AND A2) Comments: \_\_\_\_\_  2 N  3 NS  4 R  5 QV

[Interviewer: CONTINUE ONLY IF EVENT(S) QUALIFY AS TRAUMA (A1 & A2) Otherwise go to next item]

a]. How old were you? **AGE(s)** (4.1.1)\_\_\_\_(4.1.2)\_\_\_\_(4.1.3)\_\_\_\_ (4.2.1)\_\_\_\_(4.2.2)\_\_\_\_(4.2.3)\_\_\_\_  
(4.3.1)\_\_\_\_(4.3.2)\_\_\_\_(4.3.3)\_\_\_\_

b]. What did you see or hear? \_\_\_\_\_

[Interviewer: If the child describes being assaulted or threatened personally, GO BACK TO SECTION 2.  
Ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons.]

What happened? \_\_\_\_\_

- |   |   |
|---|---|
| <p>How did [            ] fight with or threaten or attack each other?</p> <ul style="list-style-type: none"> <li><input type="radio"/> hitting, kicking, biting (without weapon)</li> <li><input type="radio"/> choking, smothering, burning</li> <li><input type="radio"/> use of a dangerous object to strike child</li> <li><input type="radio"/> bombs, explosives, heavy weapons</li> </ul> | <p>Did [            ] use something like a weapon?</p> <ul style="list-style-type: none"> <li><input type="radio"/> small weapons (gun, knife, chain, bat)</li> <li><input type="radio"/> some other potential serious harm</li> </ul> <p>_____</p> |
|---|---|

c]. How often did you see/hear [            ]?

only once or twice     several times     several times a month     daily

# An Interview for Children: Traumatic Events Screening Inventory (TESI-C)

**5. Has someone ever touched your body in a way you didn't want them to or in a way that made you uncomfortable?**

1 Y    Comments: \_\_\_\_\_     2 N     3 NS     4 R     5 QV

[Interviewer: Ask additional boxed probes only if child's answer is "No" or unclear]

Children under 13: **Has someone ever touched or taken pictures of your body's private parts?** Y N

**Has someone ever made you touch their body's private parts?** Y N

**Has someone ever made you see people doing things with their private parts?** Y N

Teenagers: **Has someone ever touched your sexual parts or molested you?** Y N

**Has someone ever made you touch their sexual body parts?** Y N

**Has someone made you do or see something sexual that you didn't want to?** Y N

a]. How old were you when this first happened? **AGE** \_\_\_\_ When this most recently happened? **AGE** \_\_\_\_

b]. Who did this to you? (Interviewer: If different perpetrators at different times, indicate this clearly)

- |  |  |
|--|--|
| <input type="radio"/> mother/stepmother _____      | <input type="radio"/> sibling (AGE at the time) : _____        |
| <input type="radio"/> father/stepfather _____      | <input type="radio"/> another adult you know _____             |
| <input type="radio"/> grandparent _____            | <input type="radio"/> another adult you don't know _____       |
| <input type="radio"/> another adult relative _____ | <input type="radio"/> a child/teen outside your family (AGE)__ |

c]. What happened? Did this happen to you any other times with someone else?

[Interviewer: Separately record each "incident" of sexual contact by distinct perpetrator(s).

Each "Incident" is a related set of events, and may be a single event, a few episodes, or many episodes.]

Incident A: Ages \_\_\_\_\_

Incident B: (complete only if more than one set of "Incidents") Ages \_\_\_\_\_

Incident C (complete only if more than two sets of "Incidents") Ages \_\_\_\_\_

**\*Interviewer: Do NOT read the following items to child. Check as applies to each discrete Incident A, B, C.**

- |                            |                            |                            |   |
|----------------------------|----------------------------|----------------------------|---|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Perpetrator at least five years older than child        |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Force or violence used by perpetrator in sexual contact |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Touched child's genitals                                |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Oral-genital contact (perpetrator to child)             |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Oral-genital contact (child to perpetrator)             |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Digital penetration of vagina/anus                      |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Intercourse (specify: anal/vaginal _____)               |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Pornographic photography, filming, or activity          |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Prostitution of child/teenager                          |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | Other (describe: _____)                                 |

d]. How often has this happened?

- |   |   |
|---|---|
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C only once                | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C about once a week    |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C once or twice            | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C several times a week |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C one or two times a month | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C daily                |

# An Interview for Children: Traumatic Events Screening Inventory (TESI-C)

**6. Have there been some other times when somebody did or said something that made you feel the most sad or scared or unhappy you've ever felt, or that bothers you a lot now? Or when you were left all alone and you were afraid you would die or no one would ever help.**

1 Y    Comments: \_\_\_\_\_     2 N     3 NS     4 R     5 QV

**CRITERION A1:** [Ask only if not already clear from child's description ... ]

	<b>1</b>	<b>2</b>	<b>3</b>
When this happened, were you really hurt? Was someone else really hurt or even killed?	Y N	Y N	Y N

[Interviewer: in your clinical judgment, was each incident life-threatening?  
Was or could the child or another person have been killed/severely injured?]

	<b>1</b>	<b>2</b>	<b>3</b>
	Y N	Y N	Y N

**CRITERION A2:**

	<b>1</b>	<b>2</b>	<b>3</b>
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?	YES NO	YES NO	YES NO

Did you feel confused or mixed up (or helpless)?	YES NO	YES NO	YES NO
--	-----------	-----------	-----------

Did you feel sick or disgusted (or horrified)?	YES NO	YES NO	YES NO
--	-----------	-----------	-----------

**Interviewer:** In your clinical judgment did the child's behavior indicate s/he felt extremely frightened, helpless, or horrified? YES YES YES

1 Y (MEETS A1 AND A2)    Comments: \_\_\_\_\_     2 N     3 NS     4 R     5 QV

- a]. How old were you when this happened? **AGE(s)** (6.1.1) \_\_\_\_\_ (6.1.2) \_\_\_\_\_ (6.1.3) \_\_\_\_\_
- b]. Who did this? (Interviewer: If different perpetrators at different times, indicate this clearly)
- mother/stepmother \_\_\_\_\_
  - father/stepfather \_\_\_\_\_
  - grandparent \_\_\_\_\_
  - another adult relative \_\_\_\_\_
  - sibling (AGE at the time) : \_\_\_\_\_
  - another adult you know \_\_\_\_\_
  - another adult you don't know \_\_\_\_\_
  - a child/teen outside your family (AGE) \_\_\_\_\_
- c]. What happened? \_\_\_\_\_

## FINAL INSTRUCTIONS TO INTERVIEWER

1. REVIEW ALL ITEMS TO DETERMINE IF ANY MISSING INFORMATION SHOULD BE OBTAINED OR ADDITIONAL CLARIFICATION IS NEEDED TO CLASSIFY EACH ITEM ACCURATELY.
2. CHECK THAT ALL ITEMS MARKED **YES** FULFILL THE CRITERION OF INVOLVING A DIRECT OR INDIRECT THREAT, WITNESSING OF, OR BEING CONFRONTED WITH DEATH OR SERIOUS PHYSICAL INJURY -- EXCEPT FOR #5, WHICH DOES NOT REQUIRE THREAT OF DEATH OR PHYSICAL INJURY BUT **DOES** REQUIRE **SEXUAL** CONTACT THAT INVOLVES **FORCE, THREAT, COERCION**, OR IS DEVELOPMENTALLY INAPPROPRIATE, I.E., **WITH A PERSON 5 OR MORE YEARS OLDER**. IF CLINICAL JUDGMENT SUGGESTS THAT OTHER CIRCUMSTANCES OCCURRED INVOLVING SEXUAL CONTACT THAT WAS DEVELOPMENTALLY INAPPROPRIATE, **DOCUMENT** THE SPECIFIC CIRCUMSTANCES.
3. BASED UPON A REVIEW OF THE PARENT TESI-P, CONSIDER FURTHER INQUIRY ABOUT ITEMS ENDORSED BY THE PARENT BUT NOT BY THE CHILD. SUCH INQUIRY SHOULD BE SENSITIVE AND OPENENDED, SO AS TO IN NO WAY ENCOURAGE OR LEAD THE CHILD TO PRODUCE ANSWERS OTHER THAN WHAT THE CHILD SPONTANEOUSLY PROVIDES. **DO NOT ASSUME** SUCH EVENT(S) HAVE HAPPENED OR WERE TRAUMATIC FOR THE CHILD SIMPLY BECAUSE THE PARENT BELIEVES THIS TO HAVE BEEN THE CASE.

**COMPLETE THE FOLLOWING TO ENSURE FULL DOCUMENTATION AFTER REVIEWING TESI-P AND RESPONDING TO ALL PARENTAL QUESTIONS:**

**CLINICIAN SUMMARY:**

Possible physical abuse indicated?    YES \_\_\_\_\_    NO \_\_\_\_\_    UNSURE \_\_\_\_\_

Possible sexual abuse indicated?    YES \_\_\_\_\_    NO \_\_\_\_\_    UNSURE \_\_\_\_\_

Is a report to Protective Services required now? YES \_\_\_\_\_    NO \_\_\_\_\_    UNSURE \_\_\_\_\_

If yes, who will be placing the call to Protective Services? \_\_\_\_\_

If unsure, with whom will you be discussing this for clarification? \_\_\_\_\_

**CONSULT A SUPERVISOR OR CHILD PROTECTIVE SERVICES FOR ANY QUESTIONS ABOUT A CHILD'S CURRENT SAFETY**