CHILD STRESS DISORDERS CHECKLIST- SHORT FORM (CSDC-SF)
(v. 3.0- 8/10)
Glenn N. Saxe, M.D. & Michelle Bosquet Enlow, Ph.D.
National Child Traumatic Stress Network,
New York University, & Children's Hospital Boston
Contact: Glenn.Saxe@nyumc.org

Child’s Name (or ID #): ____________________  Age: _______  Sex:  M  F
Person Completing Questionnaire: ____________________________  Date___________
Relationship to Child: ______________________________________

Has your child experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? Please check any and all events and age(s) of your child at the time of the events below:

1) Car Accident  ____  Age(s) ____  5) Physical Illness  ____  Age(s) ____
2) Other Accident  ____  Age(s) ____  6) Physical Assault  ____  Age(s) ____
3) Fire           ____  Age(s) ____   7) Sexual Assault    ____  Age(s) ____
4) Storm          ____  Age(s) ____   8) Any Other Event ____  Age(s) ____

Directions: Below is a list of behaviors that describe reactions that children may have following a frightening event. For each item that describes your child NOW or WITHIN THE PAST MONTH, please circle 2 if the item is VERY TRUE or OFTEN TRUE of your child. Circle 1 if the item is SOMEWHAT or SOMETIMES TRUE of your child. If the item is NOT TRUE of your child, circle 0. Please answer all items as well as you can, even if some do not seem to apply to your child. The term “event” refers to the most stressful experience that you have described above.

0 = Not True (as far as you know)
1 = Somewhat or Sometimes True
2 = Very True or Often True

0 1 2  Child reports more physical complaints when reminded of the event, such as headaches, stomachaches, nausea, difficulty breathing.

0 1 2  Child avoids doing things that remind him or her of the event.

0 1 2  Child startles easily. For example, he or she jumps when hears sudden or loud noises.

0 1 2  Child gets very upset if reminded of the event.