

We'd like to know about your thoughts, feelings, and reactions since _____.

There aren't any right or wrong answers, just how YOU are thinking and feeling.
Please put an X in the box that shows how true each of these sentences is for YOU.

For example, if you feel sort of sleepy in the morning or you feel sleepy in the morning some of the time, you would put an X in the middle box.

		Never / Not true	Sometimes / Somewhat	Often / Very true
<i>Example</i>	<i>I feel sleepy in the morning.</i>		X	

While it was happening:		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	It was really shocking, awful, or horrible.			
2	I wanted to make it stop, but I couldn't.			
3	I felt really scared.			
4	I thought I might die.			
While it was happening (OR after):		Never / Not true	Sometimes/ Somewhat	Often / Very true
5	I didn't have any feelings - I couldn't feel upset, sad, or glad.			
6	Things seemed unreal to me - as if I was in a dream or watching a movie.			
7	I felt in a daze - like I didn't know what was going on.			
8	I felt different & far away from other people, even if people were with me.			
Now:		Never / Not true	Sometimes/ Somewhat	Often / Very true
9	I can't remember some important parts of what happened.			
10	Pictures or sounds from what happened keep popping into my mind.			
11	I can't stop thinking about it.			
12	At times, it seems like it is happening all over again.			
13	When something reminds me of what happened, I feel very upset.			
14	Since this happened, I've had more bad dreams.			

Now:		Never / Not true	Sometimes/ Somewhat	Often / Very true
15	I try not to think about what happened.			
16	I try not to talk about it.			
17	I want to stay away from things that remind me of what happened.			
18	I try to stop my feelings about it.			
19	It's hard for me to fall asleep or stay asleep.			
20	Since this happened, I get angry or bothered more easily.			
21	I have a harder time concentrating or paying attention.			
22	I feel scared that something bad might happen.			
23	A sudden noise really makes me jump.			
<i>Finish each sentence. Choose the words that are true for you and mark with an X.</i>				
24	My thoughts or feelings about what happened <input type="checkbox"/> don't bother me at all <input type="checkbox"/> bother me a little <input type="checkbox"/> bother me a lot			
25	Since this happened, getting along with friends or family is ... <input type="checkbox"/> easier for me <input type="checkbox"/> the same as before <input type="checkbox"/> harder for me			
Now:		Never / Not true	Sometimes/ Somewhat	Often / Very true
26	I'm having trouble getting back to doing normal things (activities, school, sports).			
27	My parents or other family members have been really upset (sad, scared, or angry) since this happened.			
28	I have people (my parents, family, or friends) who really understand how I feel.			
29	If I get sad or upset, I have a way to help myself feel better.			

Nos gustaría que nos dijeras algo sobre lo que piensas, sientes, y tus reacciones desde _____.

No hay respuestas buenas o malas, lo que queremos saber es lo que estás pensando y sintiendo.

Por favor pon una X en el cuadro que más se aproxima a lo que tú sientes.

Por ejemplo, si sientes un poco de sueño por la mañana o si te da sueño por la mañana a veces, pondrías una X en el cuadro del centro.

		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
Ejemplo	Me da sueño por la mañana		X	

Mientras sucedía:		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
1	Era realmente espantoso, terrible, u horrible.			
2	Quería hacer que terminara pero no podía.			
3	Me sentía realmente asustado/a.			
4	Pensé que podía morirme.			
Mientras sucedía (o después):		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
5	No tenía ninguna emoción - No me podía sentir mal, triste, ni alegre.			
6	No me parecía real - como si estuviera soñando o viendo una película.			
7	Me sentía con la mente en las nubes - como si no supiera lo que estaba pasando.			
8	Me sentía diferente y distante de los demás, aunque hubiera gente conmigo.			
Ahora:		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
9	No puedo recordar algunas cosas importantes de lo que sucedió.			
10	Imágenes o sonidos de lo que pasó vienen a mi mente.			
11	No puedo dejar de pensar en lo que pasó.			
12	A veces, parece que vuelve a pasar de nuevo.			
13	Cuando algo me recuerda lo que pasó, me siento muy mal.			
14	Desde que esto sucedió, he tenido más sueños malos.			

Ahora:		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
15	Trato de no pensar en lo que pasó.			
16	Trato de no hablar de lo que pasó.			
17	Quiero alejarme de cosas que me recuerdan lo que sucedió.			
18	Trato de no sentir nada de lo que pasó.			
19	Me es difícil dormir o quedarme dormido/a.			
20	Desde que esto sucedió, me enoja o molesto más fácilmente.			
21	Es más difícil concentrarme o prestar atención.			
22	Tengo miedo de que algo malo pueda suceder.			
23	Un ruido inesperado realmente me hace saltar.			
<i>Completa cada oración. Escoge la frase que mejor te describe y ponle una X.</i>				
24	Mis pensamientos o sentimientos acerca de lo que pasó... <input type="checkbox"/> no me molestan nada <input type="checkbox"/> me molestan un poco <input type="checkbox"/> me molestan mucho			
25	Desde que esto sucedió, llevarme bien con mis amigos o familia es... <input type="checkbox"/> más fácil para mí <input type="checkbox"/> igual que antes <input type="checkbox"/> más difícil para mí			
Ahora:		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
26	Me es difícil volver a hacer cosas normales (actividades, escuela, deportes).			
27	Mis padres u otros familiares se han sentido muy mal (tristes, asustados, o enojados) desde que sucedió esto.			
28	Hay personas (mis padres, otros parientes, o amigos) que realmente entienden cómo me siento..			
29	Si me pongo triste o me siento mal, sé cómo hacerme sentir mejor.			

Background and Purpose

- 29-item self-report checklist for children and teens (age 8 to 17).
- Assesses traumatic stress responses in the 1st month after a potentially traumatic event.
- Brief administration time (approx 5 – 10 min) practical for clinical and research settings.

Scoring & psychometric properties

- Score as 0-1-2 for each item (reversed for items 28 and 29)
- Yields symptom severity score (sum items 5 through 23)
- Yields determination of the presence or absence of diagnostic criteria for Acute Stress Disorder (DSM-IV; DSM-5 to be determined). Item rated as 2 is considered positive / present.
- Psychometric properties of ASC-Kids and CEA-N have been examined in several studies (see references).

ASD diagnostic criteria (DSM-IV)	ASC-Kids item(s)
A1	<i>Not explicitly assessed: Measure designed to be given when child has experienced a potentially traumatic event</i>
A2	Subjective experience of fear / helplessness / horror
B	3 or more types of dissociation symptoms (from 5 types) ²
C	“Persistent” re-experiencing (at least 1 symptom)
D	“Marked” avoidance (at least 1 symptom)
E	“Marked” arousal (at least 1 symptom)
F	Symptoms (B,C,D,E) cause clinically significant distress or impairment
G	Symptoms last for 2 days – 1 month (within 1 month of event)
	<i>Assumed when child is assessed between 2 days and 1 month post-trauma.</i>

Beyond these diagnostic criteria, four additional items may be useful clinically: Subjective life threat (#4), parental / family responses to the acute event (#27), interpersonal (#28) and internal (#29) coping resources.

ASD diagnostic criteria (DSM-5)*	ASC-Kids item(s)
A	<i>Not explicitly assessed: Measure designed to be given when child has experienced a potentially traumatic event</i>
B	9 or more of 14 symptoms of: Intrusion, Dissociation, Avoidance, Arousal <i>Note about item list to right: If scoring for DSM-5 – consider symptom present if EITHER item within brackets [] is positive</i>
C	Symptoms last for 3 days – 1 month (within 1 month of event)
D	Symptoms cause clinically significant distress or impairment
	<i>Assumed when child is assessed between 3 days and 4 weeks post-trauma.</i>
	Items [10 or 11], 12, 13, 14 (correspond to intrusion) 5, [6 or 7], 9 (correspond to dissociation) [15 or 18], [16 or 17] (correspond to avoidance) 19, 20, 21, 22, 23 (correspond to arousal)
	Items 24 - 26

* Use of the ASC-Kids to assess DSM-5 diagnostic criteria has not yet been examined. However, for clinical use the ASC-Kids could be scored to indicate the presence of DSM-5 ASD.

References:

- Kassam-Adams, N. (2006). The Acute Stress Checklist for Children (ASC-Kids): Development of a child self-report measure. *Journal of Traumatic Stress*, 19: 129-139.
- Kassam-Adams, N, Gold, J, Montaño, Z, Kohser, K, Cuadra, A, Muñoz, C, Armstrong, FD. (2013). Development and psychometric evaluation of child acute stress measures in Spanish and English. *Journal of Traumatic Stress*, 26(1):19-27. doi: 10.1002/jts.21782

For more information please contact the Center for Pediatric Traumatic Stress at cpts@chop.edu


 ASC-6 / ASC-3 ©
 

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<i>Example</i>	<i>I feel sleepy in the morning.</i>		X	

[INSERT ONE OF THESE ITEM SETS]

ASC-6

		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	At times, it seems like it is happening all over again.			
2	When something reminds me of what happened, I feel very upset.			
3	I want to stay away from things that remind me of what happened.			
4	I try to stop my feelings about it.			
5	I have a harder time concentrating or paying attention.			
6	I feel scared that something bad might happen.			

ASC-3

		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	When something reminds me of what happened, I feel very upset.			
2	I want to stay away from things that remind me of what happened.			
3	I feel scared that something bad might happen.			

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		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
Ejemplo	Me da sueño por la mañana		X	

[USA UN GRUPO DE ELEMENTOS]

CEA-6

		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
1	A veces, parece que vuelve a pasar de nuevo.			
2	Cuando algo me recuerda lo que pasó, me siento muy mal.			
3	Quiero alejarme de cosas que me recuerdan lo que sucedió.			
4	Trato de no sentir nada de lo que pasó.			
5	Es más difícil concentrarme o prestar atención.			
6	Tengo miedo de que algo malo pueda suceder.			

CEA-3

		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
1	Cuando algo me recuerda lo que pasó, me siento muy mal.			
2	Quiero alejarme de cosas que me recuerdan lo que sucedió.			
3	Tengo miedo de que algo malo pueda suceder.			

Short forms of the ASC-Kids and CEA-N

These measures were designed for, and tested in, children age 8 to 17 with a recent experience of a potentially traumatic event.

SHORT FORM SCORING:

For all measures, score each item as 0-1-2 and then sum.

(Never / Not true = 0, Sometimes / Somewhat = 1, Often / Very True = 2)

(Nunca / Falso = 0, A veces / Un poco = 1, Con frecuencia / Definitivamente = 2)

Cut off scores of ≥ 6 for the summed score of the ASC-6 or CEA-6 and ≥ 3 for the summed score of the ASC-3 or CEA-3 performed best in initial validation studies. See Kassam-Adams & Marsac, 2016 for more information.

Reference:

Kassam-Adams, N & Marsac, ML. (2016). Brief practical screeners in English and Spanish for acute posttraumatic stress symptoms in children. Journal of Traumatic Stress, 29 (6):483-490. doi: 10.1002/jts.22141 PMID: 27923266

For more information on using the ASC-Kids, including language and translation questions, please contact:

Center for Pediatric Traumatic Stress cpts@chop.edu

GUIDELINES FOR TRANSLATING THE ASC-KIDS MEASURE INTO ADDITIONAL LANGUAGES

The measure was developed and validated in English (ASC-Kids) and Spanish (Cuestionario de Estrés Agudo - Niños [CEA-N]) as a 29-item measure and two short forms (3- and 6-items). See above.

We are aware of completed versions, or initial efforts to translate the measure, in the following languages (please contact us for more information):

- Dutch
- German
- Chinese
- Swedish
- Albanian
- Korean
- Greek
- Turkish
- Filipino
- Hebrew

The ASC-Kids team welcomes translation / adaptation of the measure into other languages, with the following guidelines:

- We request to be **kept informed of the process and progress** of such efforts. See contact info below.
- We would like to **receive a copy of any translated / adapted version** of the measure, with a **summary of the process by which it was created / validated**. See contact info below.
- We will keep track of all translation requests and will try to facilitate contact among colleagues if more than one team is interested in translating into the same language.
- Dr. Kassam-Adams would be happy to be involved in the translation and validation process at whatever level is appropriate, e.g., reviewing a back-translation.
- The translation / adaptation process should follow best practices for instrument translation; i.e., not just a single translation and back-translation, but rather review by a panel of independent expert colleagues for overall semantic equivalence, and piloting the wording with children. Gathering validation data on any translated / adapted measure would be ideal.
- Any publications that use a translated version of the ASC-Kids measure should summarize the process by which it was translated / validated, and should reference the original measure appropriately.

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