

**Acute Stress Checklist for Children (ASC – KIDS)**  
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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>		<b>X</b>	

<b>While it was happening:</b>		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.			

<b>While it was happening (OR after):</b>		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.			

<b>Now:</b>		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.			

For informational purposes: Please check with authors for scoring information and updates.

<b>Now:</b>	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.		

*Finish each sentence. Choose the words that are true for you and mark with an X.*

24 My thoughts or feelings about what happened ....

don't bother me at all       bother me a little       bother me a lot

25. Since this happened, getting along with friends or family is ...

easier for me       the same as before       harder for me

<b>Now:</b>	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.		