CRIES-13 parent version

The statements below may be applicable to children who have had a frightening or highly distressing experience. Please check the box that indicates how often the statement applied in the past 7 days. If it did not apply at all during that period, please check the "not at all" box.

Name of your child: Date:

]	Office us	
		Not at all	Rarely	Sometimes	Often	In	Av
1.	Do you have the impression that your child has to think about it often?	[]	[]	[]	[]		
2.	Does your child try to put it out of his/her mind?	[]	[]	[]	[]		
3.	Does your child find it difficult to pay attention or concentrate?	[]	[]	[]	[]		
4.	Does your child have sudden surges of strong feelings?	[]	[]	[]	[]		
5.	Does your child get startled more easily, or is she/he more nervous than before it happened?	[]	[]	[]	[]		
6.	Does your child stay away from things that remind him/her of the event (like places or situations)?	[]	[]	[]	[]		
7.	Does your child try not to talk about it?	[]	[]	[]	[]		
8.	Does your child suddenly see images of the event in her/his mind or have bad dreams?	[]	[]	[]	[]		
9.	Do other things keep making your child think of it?	[]	[]	[]	[]		
10.	Does your child try not to think about it?	[]	[]	[]	[]		
11.	Does your child get easily irritated or angry?	[]	[]	[]	[]		
12.	Is your child overly cautious or on guard, even when there's no clear need to be?	[]	[]	[]	[]		
13.	Does your child have trouble sleeping?	[]	[]	[]	[]		

© E. Verlinden, M. Olff, R.J.L. Lindauer, 2005; based on CRIES-13 child version, Children and War Foundation, 1998

Total:

Ar