

## Child and Infant Distress Scale

If you have a child between birth and 10, please check the appropriate column for each item to describe how often your child has shown each behavior IN THE LAST MONTH. If the question is not appropriate for your child's age, write NA in the first column.

Gender of child to be rated (M/F)_____ Child's birth date:(M/D/Y)_____				
	Almost Never	Sometimes	Often	Very Often
Acts aggressively				
Acts whiny				
Acts younger than before the event (ie, bedwetting, baby talk, thumb sucking)				
Avoids talking about the event even when asked.				
Brings up event in conversation.				
Clings to adults/doesn't want to be alone				
Complains about aches and pains				
Creates games, stories, pictures about the event				
Cries without good reason				
Gets frustrated too easily				
Has bad dreams				
Has temper tantrums				
Has trouble going to bed/falling asleep				
Refuses to sleep alone				
Seems "hyperactive"				
Seems fearful of things that are reminders of the event				
Seems fearful without good reason				
Seems sad and withdrawn				
Seems to be easily startled				
Seems worried				
Wants things right away				

If your child has had a major trauma or stress in the last year, please describe it on the line provided (ie. exposure to violence, a family illness, death or loss, accident, natural disaster).

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Has anyone expressed concerns about your child's behaviors?

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Do you have concerns about your child's eating, sleeping or toileting habits? If so, please explain:

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Is there anything that worries you about your child? If so, please explain:

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What things do you enjoy most about your child?

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