

Student Form

Participant #: _____

Mark how true each statement feels for you **in the past week**.

Don't skip any, even if you're not sure. There is no right or wrong answer.

Answer by circling **0 for none, 1 for some, and 2 for lots**

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	None	Some	Lots	None	Some	Lots	None	Some	Lots	None	Some	Lots
<input type="checkbox"/> I Daydream	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> "space out" when people are talking to me	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I find it hard to concentrate	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I think about bad things that have happened	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I try to forget about bad things that have happened	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I avoid reminders of bad things that have happened	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I worry that bad things will happen	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I do special things to make sure nothing bad happens	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I do some things that I'm probably too old for	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> Things make me upset or mad	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> It is hard for me to go to sleep at night	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I have bad dreams or nightmares	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I get headaches	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I get stomach aches	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel sick or have pains	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel tired or low energy	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel all alone	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel strange or different than other kids	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel like there's something wrong with me	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel like it's my fault when bad things happen	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I'm a jinx, or bad-luck charm	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I feel sad or depressed	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I don't feel like doing much	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> My future looks bad	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I'm on the lookout for bad things that might happen	0	1	2	0	1	2	0	1	2	0	1	2
<input type="checkbox"/> I am nervous or jumpy	0	1	2	0	1	2	0	1	2	0	1	2