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**Parent-assessment for PTSD/Trauma after an accident in children (to be completed by the parent)**

Since the accident, has your child exhibited the following behaviors? (YES or NO):

Aggression to others or self?

Episodes of crying or yelling?

Refusing to get in the car?

Attempts to get out of car seat?

Avoiding scheduled events that require getting in the car?

Difficulty falling or staying asleep?

Toileting accidents?

Loss of motivation to engage in activities they enjoyed before the accident?

Re-enacting the accident when playing?

Hypervigilance/awareness in the car?

Compulsions (i.e. buckling seat belt repeatedly)?

Since the accident, has your child reported having: (YES or NO)

Headaches or dizziness?

Stomach aches/nausea?

Appetite loss or sudden food selectivity (picky eating)?

Excessive worries about adults who were also in the car during the accident?

**If the parent answers YES to at least 2 of these questions, the child should be assessed by a behavioral therapist and mental health therapist to rule out or treat PTSD.**