

PERQ

Child Name: _____ Date of Birth: _____
 Caregiver Name: _____ Date Completed: _____
 Provider Name: _____

Instructions: For each statement, please select the point on the scale (1-5) that best describes your reaction in the last two weeks to your child's worst traumatic experience. Please record the appropriate number next to each item.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Always

- _____ 1. I have felt upset about my child's trauma.
- _____ 2. I think about what happened to my child while I am working.
- _____ 3. I have felt sad about my child's traumatic experience.
- _____ 4. I am afraid of what other people will think about my child's traumatic experience.
- _____ 5. I feel that I should have been able to keep the trauma from happening.
- _____ 6. I have felt afraid since I learned about my child's trauma.
- _____ 7. I have trouble falling asleep at night because I think about what happened to my child.
- _____ 8. I have felt angry about my child's traumatic experience.
- _____ 9. Since I learned about my child's traumatic experience, I have been having headaches, stomach aches, etc.
- _____ 10. I have felt embarrassed about my child's traumatic experience.
- _____ 11. I have cried about my child's traumatic experience.
- _____ 12. I have felt ashamed about my child's traumatic experience.
- _____ 13. I have felt responsible for my child experiencing trauma.
- _____ 14. I have felt insecure since I learned that my child experienced trauma.
- _____ 15. I feel guilty that I did not know about the trauma sooner.