

Traumatic Events Screening Inventory (tesi)

Children may experience stressful events, which may affect their health and well-being.

Please indicate if your child has experienced any of these potentially stressful events by answering the following questions.

If you have any questions or comments about any of the questions, we would be happy to talk to you about them.

Has someone ever physically assaulted your child, like hitting, pushing, choking, shaking, biting, or burning? Or punished your child and caused physical injury or bruises. Or attacked your child with a gun, knife, or other weapon? (This could be done by someone in the family or by someone not in your child's family).

- ☐ No
☐ Yes
☐ Unsure

Has someone ever made your child see or do something sexual (like touching in a sexual way, exposing self or masturbating in front of the child, engaging in sexual intercourse)?

- ☐ No
☐ Yes
☐ Unsure

Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when they were too young to care for herself/himself, or being left with a caregiver who was abusing drugs)?

- ☐ No
☐ Yes
☐ Unsure
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