Global Psychotrauma Screen for Children (GPS-C)

6–10 years

|__|__|__|__|__|

Participant Identification Number

Are you ☐ a girl ☐ a boy ☐ prefer not to say

How old are you? ____ years

Sometimes bad things happen to people that are very frightening or horrible. Please answer the questions below **if** bad things happened to you.

After the bad thing happened, have anything bothered you in **the last month?** Please mark "**No**" if it did not bother you, or mark "**Yes**" if any of the things below bothered you:

1	Have you thought a lot about it, or did it come back in very scary dreams?	☐ No	☐ Yes
2	Have you tried hard to stop thinking about it, or to get away from people, places, or anything that reminds you of what happened?	☐ No	☐ Yes
3	Have you been constantly looking around as if that bad thing was happening again, watching out for danger even when there was no reason for it?	☐ No	☐ Yes
4	Has it been it hard for you to feel or to do things, or to be with people like before?	☐ No	☐ Yes
5	Have you blamed yourself for what happened to you?	☐ No	☐ Yes
6	Have you felt bad about yourself, as if you are not important?	☐ No	☐ Yes
7	Have you felt so angry that you could not control what you say and do?	☐ No	☐ Yes
8	Have you been nervous or scared more than before?	☐ No	☐ Yes
9	Have you worried a lot and could not stop worrying?	☐ No	☐ Yes
10	Have you been sad or crying a lot, or have you thought that things will never get better for you?	☐ No	☐ Yes
11	Has it been hard for you to enjoy things or to have fun like before when doing things?	☐ No	☐ Yes
12	Has it been hard for you to fall asleep or to stay asleep without waking up at night?	☐ No	☐ Yes
13	Have you tried to hurt yourself?	☐ No	☐ Yes

14	Have you felt like you were in a dream while you were awake, or as if things around you were strange like in a dream?	☐ No	☐ Yes
15	Have you felt like you are looking down on yourself from above, or like you are seeing your body from outside?	☐ No	☐ Yes
16	Have other problems bothered you (for example, feeling sick, having any aches or pains, feeling lonely, or not getting along with your friends and other people)?	☐ No	☐ Yes