

# NCTSN Hurricane Assessment and Referral Tool for Children and Adolescents-Revised

**Provider Name:** \_\_\_\_\_

**Provider #:** \_\_\_\_\_

**Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Zip Code of Service:** \_\_\_\_\_

**Was the parent or caregiver present during the session?**     NO     YES

**Child's Name (optional):** \_\_\_\_\_    **Child's Current School:** \_\_\_\_\_

**Session Number:** \_\_\_\_\_

**Name of Hurricane(s):** \_\_\_\_\_

### RISK CATEGORIES: *(CHOOSE ALL THAT APPLY)*

READ: Occasionally, we find it helpful to ask children/adolescents or their parents/caregivers a few specific questions about how they were affected by the hurricane/flood and how they are feeling now. May I ask you these questions? My first questions are about various experiences you had in the hurricane/flood/evacuation.

- |  |   |
|--|---|
| <p><input type="radio"/> (1) Seriously Injured</p> <p><input type="radio"/> (2) Family member/friend seriously injured or killed;<br/>Who? _____</p> <p><input type="radio"/> (3) Witnessed injury/death</p> <p><input type="radio"/> (4) Was separated from parent(s) or primary caregiver(s)<br/><input type="radio"/> (4a) Currently separated from parents or primary caregiver(s)<br/>With whom is child living at present? _____</p> <p><input type="radio"/> (5) Home destroyed/badly damaged</p> <p><input type="radio"/> (6) Saw neighborhood destroyed or badly damaged<br/><input type="radio"/> (6a) Saw other areas destroyed or badly damaged</p> <p><input type="radio"/> (7) Pet: <u>separated from</u>, <u>lost</u>, <u>hurt</u> or <u>killed</u> (circle one)</p> <p><input type="radio"/> (8) Belongings, family car, clothes/toys destroyed</p> <p><input type="radio"/> (9) Evacuated with <u>no time to prepare</u> / <u>time to prepare</u> (circle one)</p> <p><input type="radio"/> (10) Trapped in home during/after storm</p> <p><input type="radio"/> (11) Exposed to violence or looting</p> <p><input type="radio"/> (12) Displaced from home; Length of time (# of days): _____</p> | <p><input type="radio"/> (13) Moved to a new place because of hurricane/flooding<br/><input type="radio"/> (13a) Had multiple moves (# of moves): _____</p> <p><input type="radio"/> (14) Transferred to new school because of hurricane/flooding<br/><input type="radio"/> (14a) Currently out of school because of hurricane/flooding</p> <p><input type="radio"/> (15) Helped in rescue/recovery efforts</p> <p><input type="radio"/> (16) Family member served as rescue/recovery worker</p> <p><input type="radio"/> (17) Parent unemployed due to hurricane/flooding</p> <p><input type="radio"/> (18) Previously experienced a disaster</p> <p><input type="radio"/> (19) Pre-existing mental health or substance use problems</p> <p><input type="radio"/> (20) Taking medication for emotional or behavioral issues before the disaster<br/>Is medication currently available?    <input type="radio"/> NO    <input type="radio"/> YES</p> <p><input type="radio"/> (21) Past major loss or trauma; Briefly describe: _____</p> <p><input type="radio"/> (22) Pre-existing disability</p> <p><input type="radio"/> (23) Avoided seeking services due to legal status</p> <p><input type="radio"/> (24) Other: _____</p> |
|--|---|

### DEMOGRAPHIC INFORMATION: *(CHECK ONLY ONE FOR EACH CATEGORY)*

<p><b>Age (in years):</b> _____</p> <p><b>Sex:</b>    <input type="radio"/> Male    <input type="radio"/> Female</p> <p><b>City Living at the Time of Hurricane:</b> _____</p> <p><b>Grade Level in School:</b> _____</p>	<p><b>Race:</b></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian &amp; Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>PREFERRED LANGUAGE:</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other: _____</p>
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## ASSESSMENT QUESTIONS:

### INTRODUCTION:

I want to talk to you about your (your child's) feelings and thoughts about the hurricane/flood/evacuation and how much they are causing problems **now**. Think about your thoughts, feelings, and behavior **DURING THE LAST MONTH** (*remind child/parent of this for each question*). Use the frequency rating options to help the child answer how often the problem has happened in the past month.

0 Not at all	1 A little bit	2 Somewhat	3 Quite a bit	4 Very much																																																																																																																																																																																																																		
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For each question choose **ONE** of the following responses and enter the NUMBER of the response in the box for that question.

**ANSWER CHOICES: (0) Not at all (1) A Little (2) Somewhat (3) Quite a Bit (4) Very Much**

Item	ASSESSMENT QUESTIONS	SCORE 0 - 4
1	Do you try to stay away from people, places, or things that remind you of the hurricane/flood/evacuation?	
2	Do you get upset easily or get into arguments or physical fights?	
3	Do you have trouble concentrating or paying attention?	
4	When something reminds you of the hurricane/flood/evacuation, do you get very upset, afraid, or sad?	
5	Do you have trouble feeling happiness or love?	
6	Do you try not to think about or have feelings about the hurricane/flood/evacuation?	
7	When something reminds you of the hurricane/flood/evacuation, do you have strong feelings in your body, like your heart beats fast, your head aches, or stomach aches?	
8	Do you have thoughts like, "I will never be able to trust other people"?	
9	Do you feel alone even when you are around other people?	
10	Do you have upsetting thoughts, pictures, or sounds of the hurricane/flood/evacuation come into your mind when you don't want them to?	
11	Do you have trouble going to sleep, wake up often, or have trouble getting back to sleep?	
12	Do you worry about something else bad happening to you/your family/your friends?	
13	Do you feel very sad, down, or depressed?	
14	Do you have less energy than usual?	
15	If in school: Do you find it harder to get your schoolwork done?	
16	Are you having a harder time getting along with your family or your friends?	
17	If in a new school: Are you having a hard time making new friends?	
18	Are you finding it harder to do or enjoy activities that you used to enjoy?	
19	Have you used drugs or alcohol since the hurricane/flood/evacuation/?	
<b>Additional Questions for Parents (Required for parents of children aged 0-7; recommended for all parents)</b>		
20	Has your child been more clingy or worried about separation?	
21	Has your child been quieter and withdrawn?	
22	Has your child talked repeatedly about or asked questions about the hurricane/flood/evacuation?	
23	Has your child's play been about the hurricane/flood/evacuation?	
24	Have you noticed changes in your child's behavior or development (e.g., bedwetting, baby talk, fighting, risk-taking behavior)?	

Count the number of entries in the last column of the above table that have a score of 3 or 4. **Items scored 3 or 4, total HERE:**  

**REFERRAL:** If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for services.

**FOR CHILDREN OVER THE AGE OF 10 OR IF YOU ARE CONCERNED ABOUT A YOUNGER CHILD, YOU MAY ASK:**

Have you had any thoughts or plans about either hurting or killing yourself?  
 NO     YES If yes, refer for immediate psychiatric intervention.

Did you offer a referral for services?  NO     YES  
 Was the referral accepted by the parent/caregiver?  NO     YES

Describe the type(s) of referral offered (e.g., support group, mental health services, substance abuse services, school counseling, tutoring):  
 \_\_\_\_\_