

CHILDREN

Complete the CRIES-8 only if the child is willing to do so (with trusted adult in the room).

CRIES-8: Revised Child Impact of Events Scale

Children over 8 years

Date completed:	
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Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you during the past 7 days. If they did not occur during that time, please tick the 'not at all' box.

Traumatic event:

Were you at the airport when it was bombed?

Check for whether incident was experienced directly, witnessed and whether there was resultant injury to self /other and bereavement?

	Not at all 0	Rarely 1	Sometimes 3	Often 5	In	Av
1. Do you think about it even when you don't mean to?					*	
2. Do you try to remove it from your memory?						*
3. Do you have waves of strong feelings about it?					*	
4. Do you stay away from reminders of it?						*
5. Do you try not to talk about it?						*
6. Do pictures pop into your mind?					*	
7. Do other things keep making you think about it?					*	
8. Do you try not to think about it?						*
Total:						
Overall:						