Hurricane Ass PROVIDER'S NAME:	essment and Ret						
SERVICE LOCATION ADDRESS:							
Was the parent or caregiver present during the session?			□ YES Name of Hurricane(s):				
Child's Name:		Child's School:					
	LOCATION	N TYPE:	(CHECK (ONE)			
□ (1) TRANSITIONAL HOUSING/SHELTE □ (2) SCHOOL			□ (3) HOME □ (4) COMMUNITY CENTER				
□ (5) DISASTER RECOVERY CENTER	(6) HEALTH PROVIDE	R	□ (7)	PLACE OF WORSHIP		(8) MENTAL HEALTH CENTER	
			D 175 1005				
SERVICE TYPE: (CHECK ONE) Initial Contact Crisis Counseling Enhanced Services				SSMENT TOOL ADMINISTE	RED:	SESSION NUMBER:	
	RISK CATEGORIE						
				· · · · · · · · · · · · · · · · · · ·			
O (1) Seriously Injured O (12) Displaced from home;				, 0			
O (2) Family member/friend seriously injure			O (12a) Number of shelter/displacement centers: O (12b) Currently in shelter/displacement center; Length of time:				
Who?			O (13) Moved to a new place because of hurricane/flooding				
O (3) Witnessed injury/death			O (13a	a) If moved, extended fami	ly in the	area	
O (4) Was separated from parent(s) or prim		O (14)	$O\left(14\right)$ Transferred to new school because of hurricane/flooding				
O (4a) Currently separated from parents or primary caretaker(s)			O (14a) Length of time in new school weeks O (14b) Currently out of school because of hurricane/flooding				
With whom is child living at pre-	sent?						
O (5) Home destroyed/badly damaged by hurricane/flooding (circle)		O (15) I	Helped in re	escue/recovery efforts			
O (5a) Condition of home unknown			O (16) Family member served as rescue/recovery worker				
O (6) Saw neighborhood destroyed or badly damaged			O (17) Parent unemployed				
O (6a) Saw other areas destroyed or badly damaged			O (17a) Before the hurricane O (17b) because of hurricane/flooding				
O (7) Pet: separated from, lost, hurt or killed (circle one)		O (18) Previous hurricane/flood experience					
O (8) Belongings, clothes/toys destroyed by hurricane/flooding		O (19)	O (19) Previous experience with a counselor or doctor for emotional problems				
O (8a) Condition of belongings unknown							
O (9) Evacuated with no time to prepare / time to prepare (circle one)		O (20) Taking medication for emotional or behavioral issues before the disaster. Is medication currently available? O NO O YES					
O (10) Trapped/difficulty evacuating		O (21) Past major loss or trauma; Briefly describe:					
O Isolated O New Orleans Superdome/Convention Center		O (22) Substance abuse problem <u>now</u> or in the <u>past</u> (circle one);					
O In other crowded shelter							
O (11) Exposed to violence or looting specify:		O (23)	Currently being treated? O NO O YES O (23) Other:				
DEMOG	RAPHIC INFORMATIC	DN: (CHE	ECK ONLY	ONE FOR EACH CATEG	ORY)		
	ETHNICITY:					PREFERRED LANGUAGE:	
AGE (in years):							
SEX: O MALE O FEMALE				(5) MIDDLE EASTERN		(1) ENGLISH	
CITY OF ORIGIN:	\Box (2) HISPANIC ORIGIN \Box (3) BLACK			(6) AMERICN INDIAN/ ALASKAN NATIVE	-	□ (2) SPANISH □ (3) OTHER:	
	□ (3) BLACK □ (4) ASIAN & PACIFIC I	ISLANDEF	R 🗆	(7) UNKNOWN			
				(8) OTHER:			
SCHOOL PREVIOUSLY ATTENDED:							

	ASSESSMENT QUESTIONS:					
These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.						
SPECI	FY PERSON COMPLETING ASSESSMENT: O CHILD O PARENT/GUARDIAN O CHILD AND PARENT TOGETHER					
INTRODUCTION: I want to talk to you about your (your child's) feelings and thoughts about the hurricane/flooding and how much they are causing problems now . Think about your thoughts, feelings, and behavior DURING THE LAST MONTH (please remind child/parent of this for each question)						
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) NONE (1) LITTLE (2) SOME (3) MUCH (4) MOST					
Item	ASSESSMENT QUESTIONS	SCORE 0 - 4				
1	Do you get upset, afraid or sad when something makes you think about the hurricane/flood/evacuation?					
2	Do you have bad dreams or nightmares about what happened?					
3	Do you have upsetting thoughts or pictures that come into your mind about what happened?					
4	Do you try not to think about or talk about what happened?					
5	Do you stay away from places, people or things that make you remember the hurricane/flood/evacuation?					
6	Since the hurricane/flood/evacuation, especially in the past four weeks, do you feel that nothing is fun for you any more or that you just aren't interested in anything?					
7	Do you have difficulty falling asleep at night or find that you wake up in the night because of what happened?					
8	Do you often feel jumpy or nervous?					
9	Do you find it harder to concentrate or pay attention to things than you usually do?					
10	Since the hurricane/flood/evacuation, especially in the past four weeks, do you worry about what is going to happen to you/your family/your friends?					
11	Do you often feel irritable or grouchy?					
12	Do you often feel sad, down or depressed?					
13						
	14 <u>Since the hurricane/flood/evacuation, especially in the past four weeks</u> , have you had more aches and pains such as stomachaches or headaches?					
15						
16						
17						
	18 <u>Since the hurricane/flood/evacuation, especially in the past four weeks</u> are you having a harder time getting along with your family or your friends?					
	19 If in a new school: Are you having a hard time making new friends? 20 An an Entities it had be been allowed in the maximum of the second data in the					
20 Are you finding it harder to do or enjoy activities that you used to enjoy? 21 User betweet end on user by these superiors?						
	21 How bothered are you by these questions? 22 How you used drive or elephel since the hurrisone/suggestion/fleed?					
22 Have you used drugs or alcohol since the hurricane/evacuation/flood? Additional Questions for Parents (Required for parents of young children; recommended for parents of all children and adolescents)						
1						
2	Has your child been more clingy or worried about separation? Has your child been more quiet and withdrawn?					
3						
4	For parents of young children, has your child's play been about the hurricane/flooding/evacuation?					
5						
6						
7						
Count	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 mental health services.						

Did you offer a referral for services?				
\square NO \square YES, based on the total score.	YES, but not based on total score – SPECIFY RESON:			
Did the child/parent accept the referral? INO YES				
If the referral was accepted, did the child/parent choose a specific agency/provider to make contact with?				
□ NO □ YES, please INDICATE AGENCY NAME & PROVIDER:				
AGENCY NAME:	PROVIDER:			