Santé et Services sociaux Québec

Patient's last name	File number
Patient's first name	
Health insurance number	Exp. Year Month
Date of birth Year Month Day	Sex ☐ M ☐ F ☐ X
Address (no., street)	
City	Postal Code

CRIES-13*
ASSESMENT QUESTIONNAIRE

Version for children and adolescents
8 to 17 years old

Below is a list of comments made by people after stressful life event. How often over the last seven days do each of these things happen to you?

Items	Not at all	Rarely	Sometimes	Often
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 difficulties paying attention or concentrating?	☐	☐	☐	☐
4. Do you have waves of strong feelings about it?	☐	☐	☐	☐
5. Do you startle more easily or feel more nervous than you did before it happened?	☐	☐	☐	☐
6. Do you stay away from reminders of it (e.g. places or situations)?	☐	☐	☐	☐
7. Do you try not talk about it?	☐	☐	☐	☐
8. Do pictures of it pop into your mind?	☐	☐	☐	☐
9. Do other things keep making you think about it?	☐	☐	☐	☐
10. Do you try not to think about it?	☐	☐	☐	☐

Please continue the questionnaire on the next page.

Patient's last name	Patient's first name	File number

Items	Not at all	Rarely	Sometimes	Often
11. Do you get irritable easily?	☐	☐	☐	☐
12. Are you alert and watchful even when there is no obvious need to be?	☐	☐	☐	☐
13. Do you have sleep problems?	☐	☐	☐	☐

Thank you, these are all the questions for the patient.

Questionnaire completed by:	**Date:**		
Signature	Year	Month	Day

* *Children Revised Impact of Event Scale – CRIES-13 © Children and War Foundation*, 1998. Adapted by the MSSS with permission from the author.

Patient's last name	Patient's first name	File number

This section is reserved for the practitioner.

Use the following scale to calculate the score :

0	1	3	5
Not at all	Rarely	Sometimes	Often

Total score …….

Total number of items ……..…….. **13**

Number of answered items (≥ 12)* ……

Is the score greater than the clinical cut-off value of 30? …… ☐ Yes ☐ No

Practitioner's analysis and commentary:

* If 2 or more answers are missing for items 1, 4, 8 or 9, the total score of the questionnaire cannot be used. If 2 or more answers are missing for items 2, 6, 7 or 10, the total score of the questionnaire cannot be used. If an answer or more is missing for items 3, 5, 11, 12 or 13, the total score of the questionnaire cannot be used.

Questionnaire reviewed by:				**Date:**		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day