



The Safety Stressor Questionnaire

#1- Threats or Acts of Aggression

- *To the parent:* When was the last time your child/teenager was aggressive or caused property damage? How often does this occur (every day, once a week, once a month, once a year)?
- *To the child/teenager and then parent:* How often do you think you lose your temper or hurt others [people or animals] (every day, once a week, once a month, once a year)?

#2- Drugs or Alcohol Beyond Experimentation

- *To the parent:* When was the last time your child/teenager used drugs or alcohol?
- *To the child/teenager and then parent:* How often do you use (every day, once a week, once a month, once a year)?

#3- Self-Harm

- *To the parent:* When was the last time your child/teenager cut or scratched on himself/herself?
- *To the child/teenager:* How often do you cut or scratch on yourself (every day, once a week, once a month, once a year)?

#4- Bullying

- *To the child/teenager:* When was the last time you were bullied at school or received threatening messages on Facebook, Twitter, Instagram or other social media? How often does this happen (every day, once a week, once a month, once a year)?

#5- Running Away or Leaving Home Without Permission

- *To the parent:* When was the last time your child/teenager left home without permission? How often does this happen (every day, once a week, once a month, once a year) and how long is he/she gone (hours, days, a week)?

#6- Threats or Acts of Suicide

- *To the parent:* When was the last time your child tried to hurt himself/herself or threatened it?
- *To the child:* When the last time you thought about hurting yourself (pause for answer)? If positive, "How often do you have these thoughts (every day, once a week, once a month, once a year)? And do you have a plan? If "yes", what does it entail?"

#7- Sexting or Promiscuity

- *To the child/teenager:* When was the last time you used sexting or pornography? When was the last time you engaged in sexual behaviors with a partner? If "yes"? How many times a week do you engage in sexting or view pornography? How many different partners in a month or year? And how often do you use protection to prevent sexually transmitted diseases or decrease the risk of pregnancy (every time, sometimes, never)?

#8- Technology Addiction

- *To the parent:* How often does your child on average have an excessive or pre-occupation with the internet, computer, texting, video games, etc. that impairs his or her daily life? For example, using technology over homework, technology over playing outside or seeing friends face-to-face, withdrawal symptoms (angry, irritated, depressed) if taken away, refusal to go anywhere without technology, use of technology to deal with any type of negative feelings?
- *To the child/teenager:* When I read this list off, how many apply to you: (1) You find yourself spending more and more time with phone, computer, video, or television to get the same enjoyment you used to get; (2) You feel withdrawal symptoms if you are away from technology or the internet for any longer than a day; (3) You go directly to technology when you feel depressed or feel any negative feelings; and (4) You are constantly checking your social accounts, text messages, Facebook account, etc.