

Safety Stressors Questionnaire

1. Threats or Acts of Aggression

- Aggression (fighting, screaming, threatening, police called)
- Property damage
- Stealing
- Losing temper and hurting others

When was the last time, how frequently?

2. Drugs or Alcohol beyond Experimentation

When was the last time? How often?

3. Self-Harm

- Cutting, Scratching, Burning, Hitting, Pulling hair, Skin picking

When was the last time? How often?

4. Bullying

- Belittling at school
- Bullied or bullying on social media
- Sending or receiving threatening or demeaning messages

When was the last time? How often?

5. Running Away or Leaving Home without Permission

When was the last time? How long was s/he gone?

6. Threats or Acts of Suicide

When was the last time? How often? Is there a plan? What is the plan?

7. Sexting or Promiscuity

When was the last time? How many times a week? How many partners in a month? Year? How often do you use protection?

8. Technology Addiction

- Preoccupation with internet, computer, texting, video games, etc. to the point that it impairs grades, social activities, family time (daily life)
- Spending time on technology instead of homework?
- Technology over playing outside or seeing friends face-to-face
- Withdrawal symptoms such as anger, irritation, depression, isolation if the phone or computer is taken away
- Refusing to go anywhere without technology
- Using technology to deal with any type of feeling

9. Gender Identity or Sexual Orientation