



**Physical reactions**

- 12. Headaches, stomachaches .....Yes. Yes. No.
- 13. Loss of appetite or nausea.....Yes. Yes. No.
- 14. Sleeplessness (difficulty falling asleep  
or repeated awakening through the night).....Yes. Yes. No.
- 15. Sleepiness.....Yes. Yes. No.
- 16. Tics, reduced hearing.....Yes. Yes. No.
- 17. Constipation or diarrhea.....Yes. Yes. No.
- 18. Itchiness of skin or eyes.....Yes. Yes. No.

**Indications of setbacks**

- 19. Unable to concentrate on study or games.....Yes. Yes. No.
- 20. Unable to carry out chores and tasks they used to do.....Yes. Yes. No.
- 21. Weep or cry easily.....Yes. Yes. No.
- 22. Old, discontinued habits resurfaced.....Yes. Yes. No.
- 23. Demand physical comforting such as sitting on lap  
after nightmares.....Yes. Yes. No.

**4, Total educational assessment**

This child needs special care (trauma care).....Yes. ? No.

**5. Please write mental and behavioral problem about this child.**

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