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Development of a Child Stress Checklist

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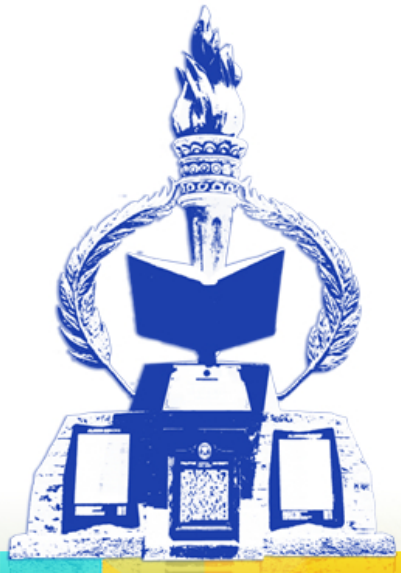

Development of a Child Stress Checklist

A SPECIAL PROJECT

Presented to

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In Partial Fulfillment

of the Requirements for the Degree of

Master of Education with Specialization

in Educational Measurement and Evaluation

Ms. Jenny Lynn F. Cruz

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APPROVAL SHEET

This special project entitled, "DEVELOPMENT OF A CHILD STRESS CHECKLIST", prepared and submitted by Ms. Jenny Lynn F. Cruz in partial fulfillment of the requirements for the degree in Masters of Education with specialization in Educational Measurement and Evaluation is hereby recommended for approval and acceptance.

7 February 2015
Date

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Adviser

Approved and accepted in partial fulfillment of the requirements for the degree in Masters of Education with specialization in Educational Measurement and Evaluation.

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TODA RABA!

Baruch Hashem Adonai!

jlfc

Abstract

Researcher: Jenny Lynn F. Cruz

Title: Development of a Child Stress Checklist

Key Concepts: Child Stress, Instrument Development, Behavioral Indicators

Degree: Master of Education

Specialization: Educational Measurement and Evaluation

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One important focus of a research study is the development of local methods to measure theoretical traits/ constructs. The development of a Child Stress Checklist is one answer to that need to measure child stress among elementary students based on its identified categories and indicators.

To carry out the objectives of this study, specific and observable behaviors and actions of children under stress were identified based on the survey among ten(10) administrators and educators in private elementary schools. The subjects themselves have generously contributed insights and perceptions based on their daily experiences in school as educators, and at home as parents of their own children. Supplementary concepts were also derived from a number of related literature and studies which contributed immensely to this study.

The process in developing an instrument underwent four(4) phases: Planning stage, Construction stage, Try-out stage, and Evaluation stage.

The Planning stage consists of the identification, categorization, consolidation of indicators based on the survey with administrators and educators, consultation with the experts, and related literature. Meanwhile in the Construction stage, thirty-three(33) child stress indicators with ninety-one(91) items corresponding to their specific behaviors and actions were studied. These indicators were validated by eight(8) experts using the criteria used by Banan (1983) as to whether the indicators and their definitions would be accepted or not. To be clear, however, this study was limited on the development of an instrument to measure theoretical traits/ constructs, and was not administered to an actual group of test subjects for further validation and estimation of reliability.

In light of the results of the study and with due consideration to its limitations, the researcher was able to develop an instrument intended to measure child stress among elementary pupils guided by the idea that 1.) A theoretical construct/trait, such as stress has its behavioral indicators; 2.) Behavioral indicators are observable and anything that is observable is measureable; and 3.) Behavioral indicators can be quantified and qualified using an apt instrument.

Based on the evaluation of the instrument, several recommendations were presented: first, the developed Child Stress Checklist (CSC) be administered not only to educators and parents in a private school but also to educators and parents in public Schools; second, further studies on child stress involving other variables be conducted. In

addition, further validation can be made of the developed Child Stress Checklist (CSC) for improvement. Third, other methodologies of construct validation are being recommended to be used by succeeding researchers. Lastly, observation and interviews on elementary pupils may be conducted to countercheck the responses their responses to the instrument.

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Chapter I

Problem and Its Background

Introduction

In the present day society where everyone is constantly moving to cope with the demands of a fast-pacing daily existence, stress is the common condition that people from all sorts of lifestyles and ages would experience after a hectic schedule at work, school, home and elsewhere, or even when there is simply a stimulating event about to happen. Stress is not unique to humans (Feist, 2012). It is indeed prevalent and one's reaction to it can only be altered but the stressor cannot be controlled. Gregson and Looker (2008) considered it as part and parcel of change and spice of life. Thus, the pressures and responsibilities that go with it are inevitable.

Gregson and Looker (2008) defined stress as an experienced state where there is a mismatch between perceived demands, challenges and threats, and perceived ability to cope with it. If the balance is missing, then it would lead to either eustress--- the good stress or distress-- or the bad stress.

On the other hand, (cited in Batulan, 2003) discussed stress as a name given to the reaction of the body mobilizing its defenses against any perceived threat. He explained that confusion, irritation, or excitement is a result of the body's reaction to the circumstances or events. In other words, stress is an effect coming from different emotions like anger and fear. It is also defined as to whether it comes from external or internal demands (Jewett &Peterson, 2002). Family, jobs, friends, school, and other

interpersonal conflicts are considered as external demands; while pain, hunger, and temperature change are internal demands.

In reality, occasional stress is normal and predictable in our daily lives. Normal stress serves to present challenges for greater learning and opportunity, such as the stress during an interview for an employment or during talents and skills showcase in front of an audience. On the other hand, "constant stress can cause many problems and, unless handled, can add to the stress of another situation" (Ruffin, 2009, p.1). Therefore, stress must be faced and not ignored. Instead, there is a need to know the signs and symptoms of stress.

A vast body of research has indicated that stress is a major factor in physical and mental health outcomes, and that social support has been conceptualized as playing a role in this relationship (Yarcheski & Mahon, 1999).

Many strategies to manage stress have been recognized and applied. It was categorized whether it is problem-focused, emotion-focused, or social support. Problem-focused strategy reverses the situation creating stress. Emotion-focused strategy helps to regulate the experiences of stress. Social support strategy, on the other hand develops one's ability to have social connection and seek advice from others (Feist, 2012).

Ellis (2002) supports this study by the ABC Model he developed. It explains that A – Adversity, B – Beliefs, and C – Consequences in peoples' lives are connected. If true understanding of each component is clear, then a person can recognize his/her thoughts in stressful situations and be reflective of one's responses.

As people get older they will be able to realize that stress is a part of a human life span. It could affect everyone – even infants. When they are stressed their eating and sleeping patterns change and may resort to nervous mannerisms such as excessive thumb-sucking and undue crying (Hurlock, 1982).

Hurlock (1982) suggests that the drastic variations to changed roles and sudden negative events tend to disturb an adult's physical and psychological homeostasis. For example, a family man employed for 30 years has taken sole responsibility as sales manager as an outcome of the retrenchment of 400 employees in the company where he works at. He is now experiencing frequent sweating and fast throbbing heartbeat brought about by worries of not being able to catch up with the company's monthly quota and of not providing enough finances for his family's needs. Consequently, the man's physical and emotional equilibrium have been compromised because of the untimely occurrence of such dilemma.

For adolescents, on the other hand, the stage where they are at is considered to be "a period of storm and stress—a time of heightened emotional tension resulting from the physical and glandular changes that are taking place in their bodies" (Hurlock, 1982). They are also under social pressures and may not easily handle some new conditions that they face because of the insufficient preparation that they have received during their childhood stage towards these transitional years. At this point, decision-making, exposure to new people, and continuous awareness of one's identity may be overwhelming.

Lagana (2004) reported that stressors related to normal adolescent development residing in urban areas may be more prone to heightened stress levels by virtue of their

living conditions, putting them at higher risk of further negative outcomes such as poor psychological judgment, academic failure, school drop-out, and incarceration.

Preliminary studies with children and adolescents tended to focus on demographics, personality, and environment correlates of life satisfaction. Demographic factors such as gender, age, and race have been proven to be relatively weak predictors of life satisfaction; while personality variables such as self-esteem, locus control, and extraversion have demonstrated significant association with children's life satisfaction (Suldo & Huebner, 2004).

Environmental factors such as neighborhood, stressful life events, and familial factors have also been associated with life satisfaction among children (Suldo & Huebner, 2004). Gilman and Huebner (2006) found that youth reporting high global life satisfaction also reported significantly higher scores on measures of academic, interpersonal, and intrapersonal functioning. The importance of life satisfaction research among adolescents is demonstrated by studies showing that adolescents who are dissatisfied with life are more likely to abuse drugs, engage in violent behaviors, and participate in risky sexual behaviors (Paxton, Valois, Huebner, & Drane, 2006). Suldo and Huebner (2006) examined the differences in adaptive outcomes among adolescents who reported very high life satisfaction and found that the adolescents with high life satisfaction reported the highest levels of social support, had nonexistent rates of psychopathology, had a greater perception of ability to cope with negative emotions, and had greater social and academic competence. These findings shed light on the advantages

of life satisfaction by supporting the notion that high life satisfaction is associated with more positive and adaptive functioning, pointing in the direction for future implications.

Both negative life events and chronic daily stressors have been found to function additively to increase stress levels and have been associated with depression, anxiety, and behavioral dysfunction among youth. Both represent conceptually distinct sources of life stress, each making an independent contribution to overall level of functioning. Daniels and Moos (1990) investigated life stressors and social resources in adolescent functioning. Authors introduced the Life Stressors and Social Resources Inventory-Youth Form which was developed as a way to incorporate both stressors and social resources in a measurement tool. The sample consisted of adolescents between the ages of 12-18 years. Results indicated that depressed youth reported more chronic stressors and fewer social resources. Negative life events and ongoing stressors in different domains all contributed unique variance to the functioning criteria; however, daily stress is more strongly associated with psychological symptoms than major events. Since life contextual factors influence adolescent's psychological and social adaptation, examining specific life domains and pointing to certain life areas are necessary for proper understanding of the development of stress related depression.

Meanwhile, children also encounter and react to stress especially in school where they receive most of the demands, challenges, and threats from self and the people around them. Oftentimes, teachers and parents associate a child’s reactions such as bullying, nagging classmates, hot-headedness, and inappropriate attitudes to situations simply as negative behavior developed among children and not a possible manifestation of child

stress. Thus, if it so happened that they really are a manifestation of stress and the situation is not recognized and addressed, it may lead to a more serious situation and may result in low school performance, failure of students to socialize and recognize his/her extreme attitudes toward other students.

Crow (1969) as cited in Repalda (1989) averred that psychologists, parents, teachers, and adults have become increasingly aware of the significance of childhood formative years of individuals. They believed that during all stages of growth the child requires utmost care of his/her physical, emotional, mental, and social needs. If his/her needs were not met then problems could arise. They also believed that just like adults, a child has worries, is pressured, and makes decisions too, and these are manifested through behavior.

Educators as second parents to students have an access to connecting, observing, and assessing pupils who may be experiencing stress that is affecting their interpersonal relationship and performance in school. For this reason, this study focuses solely on child related stress, its components, and its corresponding indicators or manifestations. Lack of available local instruments that can be used to measure stress among children in school is one of the problems that need to be addressed as regards stress-related concerns among school children. Given that the objective of this study is to address that concern, the researcher believes that developing an instrument appropriate to measure stress among elementary students will direct the teachers and the educators towards the desired vision of continuously improving the educational system to be able to serve its stakeholders.

Conceptual Framework

Perhaps stress is one of the most stimulating topics talked about in the world because of its effects to different aspects in an adult's well-being. Many literature and studies written by researchers and health experts proved that if the severity of stress is not recognized and treated seriously, it will have its social and health implications in the future. But many are unaware that children are also affected by and react to stressors around them. This is manifested in sudden and unusual changes in their actions and interactions. Often times these changes are ignored or just associated in development. Educators and parents' lack of attention to deal with stress may cause the abnormal response and poor performance of children at home and in school. Thus, time, capacity, and ability to identify whether or not the emotional, physical, social and behavioral changes are stress-related must be given attention as a primary phase to be able to give proper support and to avoid potential problems in a children's overall growth and development.

Powell (2011) presented a 2010 US survey showing that out of 2,000 adults, only 8% or specifically 160 adults agree that their children are experiencing stress; while out of 1,000 kids, 330 or thirty-three (33%) said that they are stressed.

Elkind (2001) stated that, "It is not always easy to predict how a particular child will respond to stress. Sometimes children surprise you. How children respond to chronic stress depends on several factors including the child's perception of stress situation,

amount of stress he or she is under, and the availability of effective coping mechanisms. Thus, how children react to chronic stress is in part an individual matter."

Though there are differences and similarities on how they manifest it, the stress patterns of children are the same as for adults and adolescents. With this notion, several theories were established to explain the occurrence of stress. Two of these theories are the Cognitive-relational and the General Adaptation theories.

The Cognitive-relational theory of Lazarus as cited by Krohne (2002) defines stress as a particular relationship between the person and the environment that is evaluated (appraised) by the person as challenging or exceeding his or her means and endangering his or her welfare. It means that the stress comes from his/her environment and the individual finds ways to deal with this. This theory also states that stress evolves in two concepts: the appraisal and the coping. An individual evaluates what is happening around him/her and through his/her efforts in contemplations and actions to manage the demands. For instance, an elementary student who finds his/her classmates intimidating might just pretend to be sick and opt to stay at home. In this case, the student appraises the situation he/she faces and copes with it by distressing. Thus, there is a need to evaluate child stress while in school so that children can be given skills to deal with it, and untoward situations brought about by stress can easily be addressed and controlled.

Huebner and Dew (1996) mentioned that affective and cognitive judgments of well-being are moderately related, yet distinguishable, since they demonstrate differential correlates. It is further explained that, for instance, positive and negative effects have

been differentially related to particular coping styles, life experiences, and health concerns. Positive life effects and extraversion tend to correlate with pleasant emotion, whereas neuroticism and negative life events correlate more strongly with negative emotions (Diener, 2000). "These emotions arise as part of a cognitive appraisal of a situation and are accompanied by bodily response" (Garcia, 2001,p.7). For example, if a child receives an unexpected gift and was surprised, he/she might kiss or hug the giver spontaneously. This is a positive emotion and response. Another example is when a child learned that his/her dad cannot attend his/her graduation. His/her emotion here is sadness and may be accompanied by crying. This is a negative emotion and response.

Another important theory is Selye's General Adapation Theory as cited in Krohne (2002) which describes the body's response to stress in 3 stages. The first stage is the Alarm Stage, which provides energy to instantly deal with stress. The second stage is the Resistance Stage where the body attempts to adapt or flee from the stressor. The last stage is the Exhaustion Stage. This is when tiredness is felt because of energy loss, and damage in the body is present. For instance, a child upon entering the classroom just learned that the class is having a surprise long quiz in Math, shifts to Alarm Stage and releases hormones that signal the body to do things immediately. Then after quick scanning of notes he/she then figures out whether he/she can pass or just fail the quiz – this is the Resistance. In the last stage, he/she may feel a stomach ache or headache, if recovery is not attained.

The late childhood stage is different from early childhood stage in terms of emotional patterns because of the new interests, broadened experiences, and learnings that the children acquire. Thus, their mental, physical and behavior are also affected. This period ranges from 6 to 12 years old (Bustos & Espiritu, 1985) which normally covers Grade 1 to Grade 6 in the Philippine educational system. It is also called latency period.

Educators believe that late childhood or elementary school age is the critical period where children are expected to learn knowledge that is essential for survival when they become adults. In Hurlock's *Developmental Psychology*(1982), one report has shown that there is a high correlation between adult level of achievement behavior and childhood achievement behavior. Thus, how well children perceive school in their early part of life can predict how well they will adapt and perform later in school. If they find school relaxing and comfortable, it will reflect on how they mingle with other children and how good their performance will be. As children grow, the habit at this stage could be untiring and spread to all areas of their life and not on academics alone.

Children experience stress from multiple sources which can have cumulative effects later in their life (Jewett &Peterson, 2002). Expectations from parents, teachers and classmates can create vast stress loads on children (Wilson, 1991), which could be from positive to negative events. For instance, a grade 3 pupil who worked hard this year just become an honor student for the first time would be more pressured to perform well or even better next academic year. In this situation, the event is positive in the beginning but could turn out to be negative towards the end since learning on the part of the student

is no longer relaxing because competition and pressure, which consequently result to stress.

Another source of stress among children is their low self-esteem. As mentioned by Parameswari (2011), an individual with low self-esteem always makes excuses for failures, expects too much or too little of oneself, is not convinced about his/her own self-worth, and consequently puts less effort on doing tasks. These individuals resist change and hence find it difficult to cope with desirable life events thereby making very poor judgment in life.

Like adults, children exhibit individual responses to stress when overloaded, understimulated, or faced with too much changes (Kostelnik et al., 1998). Personality and cognitive skills, family atmosphere, and environment support may aid to overcome stress (Muzi, 2010).

Many researches on children have explained the factors and possible management to prevent or reduce their stress. Examinations were made, and from these observable behaviors have been shown in classroom activities or specific situations. A maladaptive behavior is regarded by experts in the field of psychology and psychiatry as a symptom of stress.

Children experiencing stress are threatened, which as a result leads them to suffer physical or psychological symptoms that may include headache, nausea, depression, and dissociative reactions. There are still a number of children who could be irrepressible.

These resilient children are those who can cope with stress. According to Muzi (2010), they are friendlier, more intelligent, and more independent as compared to their non-resilient siblings or peers. Some children "may apply coping strategies or defense mechanisms by facing the stressor and adapting to it or avoiding it" (Kostelnik et al., 1998, p.149). Their coping strategy could also be passive or active. Passive reaction includes excessive fatigue, withdrawal, and excessive fears. Active includes interaction with others or working with an object (Marion, 2003).

A listing of common childhood stress signs has been developed by Honig(1986) as cited in Kostelnik et al(1998). He also emphasized that it is normal for children to demonstrate a few of these characteristics during childhood. "However, multiple signals, lasting for a period of time and evident even when there are no apparent cause, may be a signal that undue stress is threatening the well-being of the child" (Kostelnik et al, 1998, p,150).

Berger (1983) modified the work of Halperin (1979) giving a guide in identifying children who need attention. The guide was divided into three components: *the indicator, the typical characteristics of that indicator*, and *possible reasons or factors for that indicator*. For example, a child receiving inconsistent discipline *(reason for the indicator)* would manifest disobedience *(the indicator)* by being impolite and insolent to others *(typical characteristic of the indicator).*

Kaufmann, Pullen, and Akers (1998) cited in Nelmes (2000) explained that when a learner's cognitive and emotional resources are being compromised by lack of shared

meaning between the teacher and student, students show their pressures in the following features: "overdependency on the teacher; difficulty concentrating and paying attention; becoming upset under pressure to achieve; sloppiness and impulsivity in responding; teasing, annoying, or interfering with other children; negativism about work, self, teacher and peers; extreme social withdrawal or refusal to respond; and physical or verbal aggression towards teacher or peer" (Nelmes, 2000, p.88).

In a survey done in the United States, seven hundred tweny-four(724) children aged 12 below said that their number one stress response is withdrawal, that is, they want to be alone (Wenceslao, 2001).

Copeland (2010) on the other hand, warned that the symptoms of child stress are difficult to distinguish from minor illness. He added:

> Utmost alertness is needed for signs of irritability, sleeping, toileting or eating difficulties, fearfulness, difficulties adapting to change in routine and clinginess, or use of key words such as "sad" or "afraid." As children get older, their responses to stress may include more attention-seeking behaviors, mood changes, avoidance of certain activities, isolation (such as the adolescent who retreats more and more to his or her room), school refusal or changes in the quality of schoolwork, sleeping difficulties and physical complaints (headache, stomachache).

In 2003, Batulan explained that stress commonly shows itself in 3 categories: physically, emotionally, and behaviorally.

Based on other related studies, indicators of child stress under the physical category are appetite loss, nail biting, regression to earlier development *(also belongs to the behavioral category)*, stuttering, whining, and toileting. The indicators of child stress under emotional category are agitated or nervous, excessive worrying, irritable, and unusual emotionality. The indicators of child stress under behavioral category are aggressiveness, attention seeking, drop in grades, humor difficulties, impaired working memory, inability to concentrate/ to relax, excessive clinging, accident-proneness, excessive laziness, incapacitated, excessive shyness, withdrawn and quiet, fighting or arguing, persistent concern about 'what comes next", freezing up, questioning, hypervigilance, refusal to go to school and truancy, unpredictability, stealing, rocking and other self-comforting behaviors, and seemingly obsessive interests in objects, routines, food, and others.

These indicators serve as the basis of the researcher in developing an instrument to measure child stress among elementary students.

It is known that tests are given for specific purposes and "some tests reveal the types of personality and emotional problems of students" (Calderon, 1993, p.14). Thus, this study is essential in guidance and counseling for socially maladjusted students.

To assess, measure, and quantify stress among elementary students, the indicators of child stress must be defined and identified. Dacanay (1988) quoting Hemerzon, Morris and Fitz-Gibbon(1978), emphasized that before an instrument can be written to test for the presence of a particular skill, attitude or aptitude, the construct has to be translated into a set of distinctive behaviors or indicators. Thus, it is important to know the physical,

emotional, and behavioral indicators of child stress based on related researches and other relevant studies.

Presented in Figure 1 is the paradigm of the study derived from the relevant information about child stress and its indicators.

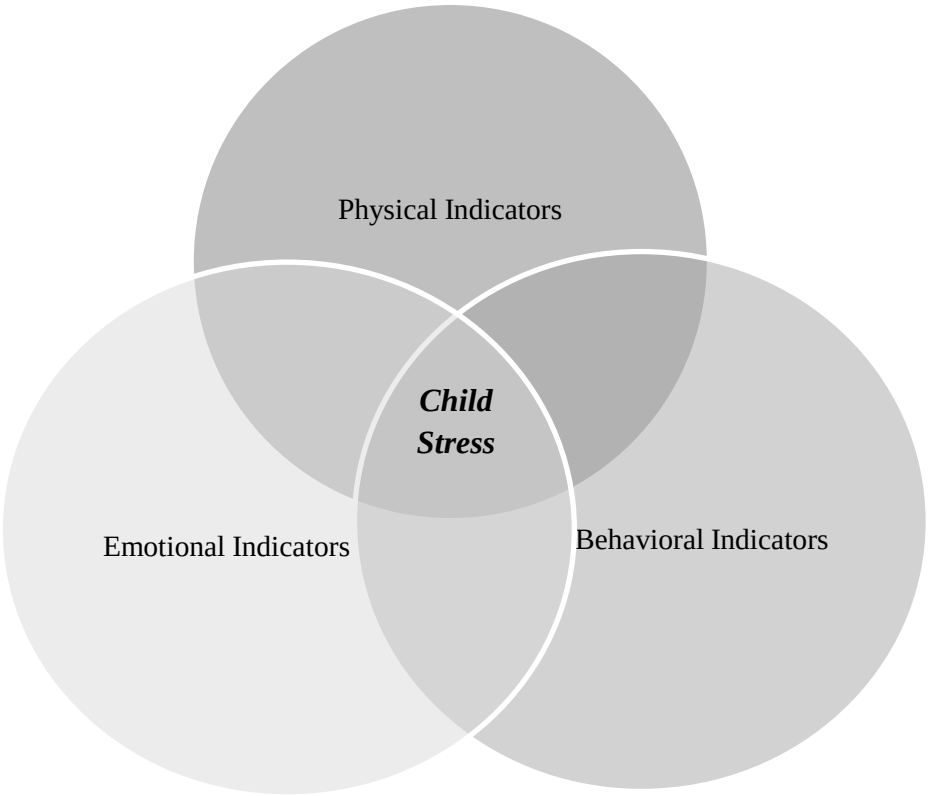

Figure 1

Conceptual Paradigm of Child Stress and Its Indicators in Three (3) Categories

The three(3) circles of the Venn diagram in Figure 1 represent the indicators of child stress categorized into physical, emotional and behavioral. The **Behavioral Category of Stress** refers to a child's responses to stress manifested in his/her action and drive to work in school and family relations (Bressert, 2006). The **Emotional Category of Stress** refers to a child's response to stress manifested in his/her expressions of feelings, inclinations, agitations, and moods (Barvalia, 1995). As described by Vander, Sherman and Luciano (2001) **Physiological/Physical Category of stress** refers to a child's response to stress which includes body trauma, prolonged exposure to extreme temperature, infection, shock, decrease in oxygen supply, sleep deprivation and pain. The central part of the diagram suggests that the three(3) categories may overlap as children experience stress. Thus, stress may be manifested in more than one category.

Statement of Purpose

This study sought to develop an instrument to measure stress among Elementary students.

More specifically, the study aimed to:

1. define the construct stress;

2. determine the indicators or manifestations of stress among elementary students;

3. generate/construct test items based on identified and defined indicators of child stress; and

4. establish the face and content validity of the instrument.

Significance of the Study

This study is envisioned to guide teachers in dealing with children showing maladaptive behaviors and to address the need to assess whether this behavior is a product of stress. This will give vital information regarding the students' background and attitudes. It will also help teachers to modify teaching-learning situations if the behavior is related to classroom experiences.

By identifying the behavioral indicators or manifestations among elementary students, guidance counselors will be able to have a preliminary examination on the student's actions. Moreover, they will be able to inform the parents of their child's behavior if immediate attention is needed. Thus, the guidance counselor and the parents could work hand in hand in determining the probable cause/s of child stress.

Likewise the results of this study could be extended further to provide school administrators and stakeholders insights and proper directions in improving the educational system in terms of program development for guidance and counseling to ascertain pupils' mental and emotional health.

Scope and Delimitation

This study aimed to develop a Child Stress Checklist (CSC) designed to measure the extent of child stress among elementary students. The instrument was constructed based on the behavioral indicators of child stress from the related literature and studies, and interview or pre-surveys of ten(10) elementary educators, administrators and parents from private schools. The study was evaluated by eight(8) experts in the field of early childhood , child development and child psychology.

The study included only the planning and construction of the items and the establishment of content and face validity of the instrument. The Child Stress Checklist (CSC) assesses the thirty-three(33) child stress indicators with ninety-one(91) items corresponding to specific behaviors and actions of child stress on three(3) categories physical, emotional, and behavioral. In addition, the try-out and the evaluation of the instrument were excluded.

Definition of terms

For common frame of reference, the following terms used in the study are operationally defined.

Behavioral Stress refers to elementary student's response to stress manifested in his/her actions and how he/ she relates with other students, his/her family and relatives, and his/her teachers.

Child Stress refers to situations which elementary students find to be challenging, demanding, and threatening which they need to adjust or cope with. For instance, a child finds his Math subject intimidating that he sweats every time they have a quiz.

Distress refers to the bad responses to stress that affects the performance, productivity, and health. This is the negative side of stress that can be recognized by the indicators or manifestations.

Emotional Stress refers to an elementary student's reaction to stress that includes irritability, mood swings, and over excitability.

Late Childhood Stage refers to a period ranging from 6 to 12 years old. In this study, it includes pupils in grades 1 to 6.

Maladaptive is a characteristic of a students marked by inability to adjust or adapt to sudden change in his/her environment. This is a tendency of students to avoid situations that he dislikes. For example, a first grader who just

knew that he will enter a new school, now refused to attend school by having somatic pains and annoying tantrums.

Physical stress refers to a student's response to stress as shown by body pains that he frequently complains that have no apparent reason when tested by medical experts. For instance, a grade six students who is about to perform in front of a big audience suddenly complains to his teacher of having stomachache.

Stress is a mismatch between the perceived demands, challenges, and threats, and a student's ability to cope. Stress can be good or bad and can play a vital role in a student's performance and interpersonal relationship.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

In this chapter, related literature and studies written and organized by various specialists and academicians about the impacts of stress to children and its behavioral indicators are discussed to give light to the present study.

Child Stress

Murphy (1962) wrote a book that focuses on the experiences of children and how they cope with the challenges whenever they face a new and strange crisis that they have to undergo and their development at every stage. It was mentioned that "there is an active and passive coping in relation to subjective experiences of stress; the coping device that is shaped by the environment versus the coping device that shapes the environment" (Murphy, 1962, p.108). This guides the present study in terms of passive coping devices.

Felsenthal and Yamamoto (1982) assessed whether the adult's stressful events correspond with those of the young. It was found that there is a divergence based on the results which led to the conclusion that adult's views are not too close with children's views.

In Philippine background and context, a helpful book of Carandang (1987) guides one's understanding of child stress. It discusses the realities of what the child's mind is and family dynamics. It gives light to this study that all the members of the family system including children are affected in some way when any stress or pain is experienced by one member, either in the same or different manner of reactions. The first chapter it

present 7 case studies of children who underwent therapy in order to know what caused their unusual behaviors. Apparently, it was brought about by their family's problems. The second chapter it presents the common family stressors in the socio-political context, while the third chapter offers an advice is given to help children cope with marital discord and separation. Other chapters offer knowledge on the connection between stress and family caretaker, "tagasalo" syndrome, special children, not so special, suicide, and power in the family.

Belle (1989) focused on social network and supports of children at home, in school and even pets in her book. It was mentioned that, "Social support may reduce the stressful effects of negative events by promoting esteem-maintaining appraisals of the events" (Belle, 1989, p.286). In Part I she discussed Children's social networks and supports in context. In Part II she tackled the Characteristics of children's social networks and gender differences. In Part III she reviewed some Measurement issues. In part IV she gave advice on building supportive networks. Lastly, in Part V the Implications of supportive involvements were pointed out.

Mark Flinn and Colleagues (1997) examine the socioeconomic conditions, psychosocial stress, and health among 264 infants, children, adolescents, and young adults aged 2 months to 18 years residing in a rural Caribbean village. According to this research, social relationships, especially family environment, may have important effects on childhood psychosocial stress and illness. The findings show that children in a difficult caretaking environment experience chronic stress that resulted in moderately-

high levels of cortisol which in the future could lead to minor and major illnesses. This contributes to the present research by showing how stress manifests itself from emotional to a physical state.

Davey (1998) tells how past literatures have revealed that homeless children are stress-prone than those who have homes. This stimulated him to conduct a study on the psychosocial stress experiences of homeless children.

Elkind (2001) presented the metamorphosis that electronic media make in children and family life. "The electronic media have simply reinforced our need to hurry and our ability to get things quickly. Much of this spills over into our child rearing and education. In many ways, our technologies have radically transformed childhood, and not always for the better". For example, most children today have engaged in sedentary lifestyle by staying indoors while playing with computer games or surfing the internet that they have become physically incompetent as compared with children of older generations. In the first part, he discussed what a Hurried Child is, and in the second part he explained that a hurried child is a stressed child. In his concluding part, he offered parents and teachers insight, advice, and hope to encourage healthy development while protecting the joy and freedom of childhood. The book also mentioned the free-floating anxiety that was first described by Freud in 1894, which is in the form of restlessness, irritability, inability to concentrate and having a low mood.

Brooks and his colleague (2001) discussed how stress has caused increase in childhood depression, health disorders, and antisocial behavior. This book has put

together concepts on "resilience, exploring why some children are able to overcome overwhelming obstacles while others become victims of early experiences and environments."

De Bord (2002) emphasized that reactions to stress vary with the child's developmental stage, coping ability, intensity, and duration of the stressor and degree of social support. The child's behavioral changes depend on these factors and they may appear in the former stage and then reappear at the latter stage of development. Also it must be realized that social support is a key to notice these changes. It also suggested that well-developed observation skills are necessary to make it effective.

Clarke (2006) focuses on the relationship of active coping and psychosocial health, found that there is a small correlation between active coping and the four(4) areas of psychosocial health, namely, externalizing and internalizing behavioral problems, social competence, and academic achievement.

Namayan (2006) studied the aggressive behaviors or actions of children and how stories with moral values linked to the misbehavior. It was concluded that aggressive behavior is acquired from significant persons who are living with the child. The stories have helped the children react according to their experiences in their lives.

Clemmitt (2007) discusses issues on the factors contributing to the child stress that kids in the United States are facing. According to a survey in San Francisco, the school is the top cause of stress, while family financial pressure is the least cause of stress. The rise on the assigned homework of young children and its usefulness has

become a concern to parents and to society because of the conflict it creates. The tension and anger towards school by students "have turned some parents to be an activists who sought school policy limiting homework" (Clemmitt, 2007, p.579). Children have nearly been deprived of valuable activities like social interactions and low-income families cannot ensure that the children can do this excessive homework that students resort to dropping out.

Cabingon (2009) explained that pupils' gender and birth order are a negative predictor of gender deviancy while authoritative style of parents positively influence gender deviancy, and the number of brothers positively predict aggressive behavior.

Copeland (2010) offers a comprehensive concept on child stress, causes, symptoms, factors to prevent it, and tips to help parents assess their children if they cannot adjust to the challenges they face. This article will help explain the manifestations or behavioral indicators of child stress because it counts clear and specific situations that can be considered as part of the instrument to be created since meticulous instrument development must be done in order to come up with a useful and functional test that would really determine the indicators of stress on elementary school students.

Kenneth del Rosario's article "More Learning. Less Stress" from Inquirer.net(2010) features the mission of Reedley International School which is to allow pupils to learn more with a less taxing, yet engaging and challenging experience. Unlike other schools whose main subjects are English, Science and Math, Reedley International School offers Life Skills as their flagship subject to help students cope with stress in

school, peer and family relationships. In Reedley, learners are trained how to resolve conflicts, handle bullying, build and foster family and peer relationships, manage sentiments, prepare for college entrance tests and college life, analyze career choices, and become successful now while still in school, thus, creating a balanced environment for the pupils. Consequently, this article is similar in the present study for both have the objective to create a balanced educational environment.

Ilumin (2010) discovered that educational area is the main source of stress among male and female students while intrapersonal stressors are considered moderate source and familial as the least source. To cope with stress, most first year students used emotional-focused and problem-focused strategies while second year to fourth year students turned to religious strategy.

Auerbach et al (2011) found that, "Results of time-lagged, diographic, multilevel modeling indicated that stress mediated the relationship between lower parental, classmate, and total social support and subsequent depressive, but not anxious, symptoms. In contrast, lower levels of peer support were not associated with higher levels of stress and subsequent depressive symptoms" (Auerbach et al, 2011).

Schraml et al (2012) studied how academic achievement can be affected by the perceived chronic stress symptoms. It resembles the present study since it made a connection between chronic stress and stress-related symptoms. And the symptom here is the academic performance of the students. It turned out that "those who perceived severe stress symptoms at both time points finished high school with significantly worse final grades than those who reported experiencing stress at only one or none of the time

points" (Schraml et al, 2012, p.69). Meanwhile, it suggests that early prevention of chronic stress is critical. It supports the present study of its aim to determine the symptoms of stress on school-aged children to help the teachers and the educational system.

Corraliza et al (2012) facilitated a study using a designed scale, findings showed that children exposed to nature cope better with problems in life than those who have no access.

Indicators of Child Stress

Repalda (1989) used the "Lagi" Rutter's Child Behavioral Rating Scale. It revealed the ten(10) common behavioral problems of Grade I pupils with Kindergarten Education namely: "madalas lumiban", "lubhang hindi mapakali at laging tumatakbo at tumatalon", "malikot, di mapakali", "madalas makipag-away sa kapwa bata", "hindi nagugustuhan ng ibang mga bata", "magagalitin at madalas mayamot", "madalas matigas ang ulo; hindi sumusunod", "nahihirapang manatili sa isang gawain o isipan", "madalas magsabi ng kasinungalingan" and "minsan o higit pang pagakataon ay kumukupit ng gamit ng iba". The common 16 behavioral problems of Grade I pupils without Kindergarten Education were the following: "madalas lumiban", "lubhang hindi mapakali at laging tumatakbo at tumatalon", "malikot, di mapakali", "madalas makipag-away sa kapwa bata", "hindi nagugustuhan ng ibang mga bata", "magagalitin at madalas mayamot", "madalas matigas ang ulo; hindi sumusunod", "nahihirapang manatili sa isang gawain o isipan", "madalas magsabi ng kasinungalingan" and "minsan o higit pang

pagakataon ay kumukupit ng gamit ng iba", "nahihilig na gumawang mag-isa", "naging matatakutin", "madalas mukhan gkawawa, malungkutin, lumuluha", "madalas manira ng sariling gamit", " may pagkautal" and "madalas sipsipin ang hinlalaki o mga daliri". Her findings proved that there is a significant relationship between the behavioral problems of Grade I pupils with Kindergarten Education and without Kindergarten education. There were more behavioral problems related to school situation, personal and aggressive behavior.

Buac (1999) studied the presence of stress on children in armed conflict in selected towns of Misamis Occidental. She concluded that children experienced stress caused by frequent evacuation and hiding. As an outlet of tension and fear, playing at home is what they do. This thesis and the present study is similar because the focal point is the children in a traumatic situation.

Ching (2001) also supplied meaningful information on the need to notify parents on acts of children who seem abnormal; that is, having the feeling of depression and anxiety about school, and make-believe to be sick to stay at home. It also gave some pointers on how to reverse the situations of children who feel that they are anxious, bullied, lonely, or are having trouble learning and having poor chemistry with the people around them. This is similar to the present study because both look into school or classroom situation of children who are distressed or react negatively to stress.

Garcia (2001) identified the social problems of children as timidity, loneliness, aloneness, inadequacy, and rejection; on the other hand, emotional problems identified were fear, aggression, anger, jealousy, fear of failure, anxiety and depression. She

concluded that "play therapy developed the values and skills of helping others thus eliminating their feelings of isolation and rejection, learned to identify problems and apply ways to deal with them, gained strengths in facing their fears and expressed anger in less violent ways."

Ramos (2007) revealed that children with oppositional defiant behavior (ODB) have below average IQ and below average verbal ability but with high score in conduct, self-image, and problem index. Further, although the pattern of behavior of children with ODB show that they are annoying and intentionally non-compliant, it may be attributed to dilemmas they experience and lack of social skills that compromise their ability for flexibility and forbearance. This research contributes to the present study's idea that children under stress may be rebellious and anti-social.

Indicators of child stress is identified in the writings of Audage and Middlebrook (2008) in The Effects of Childhood Stress Across Lifespan. The journal mainly points out that, "The beneficial aspects of stress diminish when it is severe enough to overwhelm a child's ability to cope effectively. Intensive and prolonged stress can lead to a variety of short- and long-term negative health effects" (Audage, 2008, p.4). This journal contributes in the description of stress, its types and analysis of different child abuse, neglect and violence-related experiences of children and their impact on health and behavior until adulthood. In addition, it resembles with the present study in its goal to inform other people that stress affects children which leads to life long and threatening effects.

The article “Philippines: Mindanao Children Under Stress” from irinnews.org (2009) reported of an increasing number of children in Mindanao suffering from stress after the 5 months of war between the government and Moro Islamic Liberation Front (MILF) is uncovered. Some did not want to attend school anymore. They became extremely nervous and tended to run for cover even at the sound of airplanes. According to experts, all the factors that could put a child to stress are present in this situation and an advice was given that a pyscho-social assessment must be done to determine the children’s mental health, which the study could find relevance through the instrument which could help properly assess children with similar conditions.

The Vera Files (2011) talks about how Psychologist Ma. Lourdes Carandang emphasized the role of play in children. When parents or adults observe a child who suddenly refuses to play, there is something wrong in him/her. According to Carandang, a child could have experienced a traumatic situation that resulted in negation to play. But if the child starts playing again, it means that he is towards the healing process. It also mentioned the role of play in adults as a way to remove feelings of being burned out from work and means to “replenish creative juices”.

There is also a special report on a child’s emotional health that was presented in the June 2001 issue of the Good Housekeeping Magazine. It covered news on self-esteem, serious facts about sleep, how to figure out if kids are stressed out, 10 things parents should not worry about and when to worry, and how joy would turn to be an emotional vaccine for children.

Development and Validation of an Instrument

In relation to the studies and thesis conducted on the development of tests or instruments measuring theoretical traits or constructs the researcher reviewed the following:

Abulencia (1999) developed an instrument to measure academic freedom among university professors at Philippine Normal University. His initial step was to identify the behavioral indicators based on the interviews with the social science professors and ideas from the review of related literature. From these indicators, forty-four(44) items using the alternative response format were constructed. The items were submitted to a panel of social Science Professors.

Dacanay (1988) developed and validated a Creative Thinking Test for Senior High School students in Metro Manila. It consists of six(6) components namely: 1) sensitivity to problems; 2) redefinition; 3) elaboration; 4) fluency; 5) originality; and 6) flexibility. The verbal and non-verbal forms of the test were constructed and were tried out to 50 senior high school students and were field tested to 405 high school students in randomly selected schools in Metro Manila. The results of the second try-out showed that all task items in the verbal and non verbal form of the test were retained in the final form. The reliability and the validity of the final form were determined using 150 high school students in randomly selected schools.

Banan (1983) prepared an Instrument to Measure the Degree and the Levels of Scintific Attitude Among Grade Six Pupils in Metro Manila where the components which make up the cosmos of the content of Scientific attitude were identified. The components

were defined in terms of the specific behaviors which scientists show in their work and in their relationship with peers. The initial list of components and behavioral indicators were presented for content and face validation to a panel of experts composed of 12 science educators. The test format was multiple choice test with the behavioral indicator as the stem and 4 courses of actions as the options. Using the Delphi Technique, the first draft was made and was critiqued by 3 experts. The initial tryout was applied to 60 Grade 6 pupils of Philippine Normal College. The 27% of the upper and 27% of the lower group were identified for item analysis. Eighty-three(83) items were retained for the second run of test. After several revisions, 300 Grade 6 pupils of 10 randomly selected schools in Metro Manila were asked to answer the test. Then, an item analysis left the test with sixty(60) items for the final form, which was then applied to 100 Grade 6 students from 2 schools in Metro Manila and validated afterwards. The reliability was estimated using Kuder-Richardson 21 and the validity by internal consistency, convergent, divergent, and known groups technique.

Apa-ap (2002) developed and validated an Abstract Reasoning Test for Intermediate Grade. In the initial stage, he identified the components of abstract reasoning and their corresponding competencies with the help of related literature and studies; and the comments of experts. The identified components were face validated by the panel. Item construction of these critically important components was constructed in multiple choice format. The first draft consisting of eighty-five(85) items were submitted to a panel of educational psychologists and experts for critiquing using the criteria formulated by Banan (1983). The third phase focused on the trying-out of the test items

totaling eighty-five(85). It was applied to 100 students of Bacood Elementary School: fifty(50) in grade 5 and fifty(50) in Grade 6. The second tryout form was administered among 300 grade 5 and 6 students from six(6) schools in Metro Manila. The items were acceptable based on the second tryout. The item analysis and the option analysis constituted the final form of the test. The final form was administered to 100 grade 5 and 6 students of St.Mary's Elementary School in Marikina. The fourth phase concentrated on the evaluation of the final form by estimating its reliability and establishing its validity. Correlations were obtained by test-retest, split half and Kuder Richardson 21. The construct validity was done by convergent validity using the new instrument against General Mental Ability Test (GMAT) and its divergent validity by the new test versus CPQ Personality test.

Caigoy (2000) focused on the development and validation of an instrument in measuring teaching commitment. In the first phase, stage two questions were addressed about the concept and possible components of teaching commitments. This was followed by consultation with the experts. Phase 2 involved the preparation of fifty-six(56) situational items that reflect each of the accepted behavioral indicators. Every situation has 4 teacher-action as options. This was subjected to content validation and inter-judge consistency. Phase 3 involved the tryout and analysis of the test with a purpose of establishing the criterion for scoring, then the second tryout stage was done for scoring stability. Lastly in Phase 4, evaluation was established after using 2 groups of respondents identified and nominated by school principal as the very committed and least committed groups.

Domanais (1995) developed and validated a teaching aptitude test for Philippine Normal University Certificate in Teaching Program. The evolvement of the teaching aptitude test for PNU CTP students involved four major phases. First, the components of teaching aptitude and their corresponding behavior indicators were identified and face validated by experts. From these critically important components, test items in multiple choice format were constructed. This was the second phase—item construction. The test included three parts: personal interpersonal relations, educational and psychological knowledge, and knowledge in general areas. The items were submitted for face validation with the assistance of experts. The third phase focused on trying out the test items totaling 207 items. The first tryout was administered among randomly selected 36 new CTP students and the items analysis were conducted based on the result paved the way for the improvement of the initial draft of the test. The improved items composed the second tryout form consisting of 181 items. The second tryout form was administered among 106 respondents. The items rated acceptable based on the results of the second tryout form of 150-items teaching aptitude test. The final form was 40 new applicants to the program.

Ibaňez (2003) developed and validated an instrument to measure deviant behavior tendencies among secondary students. In the planning stage he constructed two(2) survey questionnaires in an open-ended question format. To confirm the identified indicators from the two surveys, the researcher found it necessary to supplement the indicators with the student's handbook from three(3) schools. Likewise, he consulted with experts for evaluation of the contents. In the next stage, 116 items were created

reflecting each of the accepted behavioral indicators in a five-point scale. It underwent the critiquing of eight(8) experts using the criteria revised by Banan(1983). In the first tryout stage, forty(40) students from Tugatog National High School were used to establish suitability of the language; and in the second tryout stage the discriminating power was established using the internal consistency method. For the 3rd and final form of administration, the purpose was to determine how the instrument would function in actual use. This administration provided a final check on time limits. Stage 4 involved the evaluation of the instrument to determine the reliability and internal consistency using item-total correlation per component, averaging item total correlation and averaging Cronbach's Alpha.

Batulan (2003) developed and validated an instrument to measure teacher burnout. He discovered 5 components of burnout from survey of related literature. To confirm these components, a focused group discussion in one of the graduate classes of PNU was conducted. In the item-construction stage, the results of the surveys and interviews supplemented the test. The initial evaluation by the experts polished and increased the number of items from 97 to 115 items. One hundred graduate students from PNU, DLSU and UST tried the test for pilot testing for the purpose of item analysis and identification of the underlying components. The 115 item rating scale was administered to 585 teachers across elementary, secondary, and tertiary levels in the Division of Manila. Through Exploratory Factor Analysis, three factors explained the underlying components of teacher burnout namely: reduced self-efficacy, exhaustion and pessimism; and negativity toward others. In the evaluation stage, the 62-item revised rating scale was

administered to 400 randomly selected graduate students from different specialization of PNU to confirm the three-factor model obtained in the first field tryout.

Joven (2001) used the four developmental test stages and validated an Emotional Intelligence Scale for Filipino Children. In the planning stage, he surveyed related literatures and studies to identify the different components of Emotional Intelligence with its possible behavioral indicators. After the face validation, 21 items were trimmed down to 17. In the test construction stage, the researcher made seventeen different test situations corresponding to each of the identified components and the behavioral indicators in stage 1. Fifty-eight(58) question items were left to compose the Emotional Intelligence Scale for Filipino Children(EISFC). In the tryout and analysis stages, the researcher constructed a test and administered it to four hundred one(401) randomly selected grade four, five and six pupils from randomly selected elementary public and private schools in Metro Manila. The findings revealed the five(5) hierarchal levels of EQ. Then, the Guide for Interpretation and Scoring was created. Ensuring the validity of the scoring key, it was submitted to the experts for evaluation. The inter rater method was used to determine the reliability of the scoring key and upon applying the Analysis of Variance (ANOVA), 36 items were indicated with significant correlations on the F value. Forty-eight items composed the final form, in which reliability and validity of the instrument were determined.

These researches supply this study through the principles and stages used in the development of an instrument to measure a specific construct. The processes that includes planning and constructing essential items in a test are relevant to answer the

objectives of this study. These researches are contributory in the identification of the components of a construct and the proper format that must be used for the initial form.

Synthesis of Related Literature and Studies

These researches support the present study in its claim that child stress is happening and that vary in many aspects, such as sources, differences in reactions, and stress management programs that are studied and applied. Based on the researches, the school and its prevailing system; and the home environment which includes caretaking values, support and the kind of treatment to children are the primary sources of stress. Reactions to stress may include resilience, and negative emotions and behavior. This supplements the study on different indications of child stress on various situations resulting to distress.

While these literatures used in this research agree that children experience stress, it is noteworthy to know how the sources of their stress have evolved. Irrespective of race, children experience stress from their interaction with family at home, peers, and teachers in school. But many researchers have uncovered that stress is also present during a traumatic situation and with the emergence of electronic media. These environment stressors can trigger children's active or passive way to deal with stress manifested through their behaviors. These behaviors are the clues to reverse the situation of a child. These literatures are parallel to the present study in terms of the sources and manifestations of stress on children.

Chapter III

Methodology

This chapter discusses the procedures undertaken in developing an instrument to measure stress among elementary students in a private school.

Anastasi (1992) as cited by Abulencia(2003) defines psychological test as an essentially objective and standardized measure of a sample of behavior. This definition denotes thorough planning and reviewing of important and critical steps that mark the development of a useful instrument.

Abulencia (1999) enumerated a set of specific and definitive stages in instrument development namely 1) planning, 2) writing the test items, 3) trying out the test items, and 4) evaluating the instrument. The same procedure was used by Banan (1983) in developing a scientific attitude inventory for Grade 6 pupils, Dacanay (1988) in developing a creative thinking test, Batulan (2003) in his teacher burnout, and Joven (2001) in his emotional intelligence scale.

Phase I-Planning Stage

A. Identifying the Indicators

The researcher identified the indicators or manifestations of stress among elementary students as a construct. It was based on the documentary analysis that deals

with definition, sources, signs and symptoms, reduction strategies, preventions and outcomes of stress. It was also founded on the ABC Model developed by Ellis (2002) where A stands for Adversity or the situation, B stands for Beliefs or explanation on why things happen, and C stands for Consequence or the feelings and behaviors that are caused by beliefs. Thus, this study focused on the consequences or the observable behaviors of child stress.

Consequently, a first pre-survey was conducted involving (10) elementary private school educators and administrators who were requested to define stress and its behavioral indicators among elementary students in their own academic and professional opinions and from their experiences (AppendixA1 and Appendix A2). The following questions were given:

1. What is your concept of child stress?

2. What do you think are the indicators of child stress?

The main purpose of the survey was to define stress from educators' perspective and solicit opinions and insights on the possible indicators of the said construct.

The researcher formulated an operational definition of stress based on the responses of the educators. The result is as follows:

Child stress according to the pre-survey made is the pressure or demands or expectations from the changes in the environment brought about by the persons that surround a child and the troubles within him/her. It manifests in the physical, emotiona, and behavioral state of a student resulting to inability to produce his/ her quality

performance and products. The eighteen(18) indicators of stress were categorized accordingly.

The child…

Behavioral

- shuts off other people (i.e. wouldn't respond when asked or called)
- keeps on asking questions
- is quarrelsome/ a bully
- laughs too much
- lacks interests in school
- withdraws from social situation
- rebels

Physical

- Is not able to relax
- Feels sick for no reason at all

Emotional

- is fidgety
- easily gets irritated
- has an extreme reaction to situation
- says unnecessary things to get noticed

- feels uneasy mingling with other children
- is quiet and serious
- is unable to sleep
- is insecure
- has new and recurring fear

The results of the first pre-survey were counter checked and consolidated with indicators gathered from the documentary analysis of related literature and studies (Appendix B). Forty-three(43) possible indicators of child stress were the outcome of the unification. Table 1 shows the 43 possible indicators of stress. It was categorized into three, namely: physical, emotional, and behavioral after consultations to three(3) experts (Appendix C1 and C2).

Table 1

The Possible Indicators of Stress Among Children Based on the Consolidation of Pre-Survey and Documentary Analysis
Behavioral 1. "freezing up" in social situations 2. Aggressiveness 3. Bullying 4. Doing self-comforting behaviors 5. Decline in grades

6. excessive clinging
7. Excessive laziness
8. Excessive shyness
9. Fighting or arguing
10. Hyper-vigilance
11. Isolation from family activities or peer relationships
12. Keeps on asking questions
13. Lack of interest in school
14. Laughing too much
15. Rebellion
16. Regression to earlier developmental levels
17. shutting off others
18. unpredictability

Physical

19. Accident-proneness
20. Appetite Loss
21. Biting (nail/skin/objects)
22. Feeling sick for no reason
23. Impaired working memory
24. Inability to concentrate
25. Inability to relax
26. Inability to sleep
27. Incapacitated

28. Quiet
29. Stealing
30. Stuttering
31. Toileting
32. Whining

Emotional

33. Attention-seeking
34. Excessive worrying
35. Humor of difficulty
36. Insecurity
37. Irritability
38. Obsessive
39. Refusal to go to school
40. Being fidgety
41. Truancy
42. Uneasy mingling with other children
43. unusual emotionality

This was the basis for the second instrument in a checklist form. The ten(10) educators were also those who evaluated and analyzed the instrument-checklist (Appendix D1 and Appendix D2). They were given the chance to make modifications or suggestions on the created operational definition. They had the opportunity to

retain, revise or reject the presented list of behavioral indicators. (Appendix D3). Suggestions of combining indicators have been considered. For example, aggressiveness is evident in bullying, fighting, and arguing. While freezing up, shutting off, and being quiet are the same. The outcome of this procedure is thirty-three(33) possible indicators. And from these, ninety-one (91) observable and specific action and behaviors were created. Table 2 shows the Table of Specification of Child Stress Checklist (CSC) by Indicators.

Table 2

Table of Specification of Child Stress Checklist (CSC) by Indicators

Child Stress Indicators	No. of Items	Item Placement
(1) Aggressive	4	1, 2, 3, 4
(2) Change in eating habits	3	5, 6, 7
(3)Attention-seeking	3	8, 9, 10
(4) Nail biting	2	11, 12
(5) Decline in Grades	3	13, 14, 15
(6) Clingy	4	16, 17, 18, 19
(7) Laziness	3	20, 21, 22
(8) Excessive shyness	5	23, 24, 25, 26, 27
(9) Excessive worrying	3	28, 29, 30
(10) Freezing up in social situations	3	31, 32, 33
(11) Hypervigilance	2	34, 35
(12) Humor difficulty	2	36-37
(13) Inability to Concentrate	3	38, 39, 40
(14) Inability to relax	3	41, 42, 43
(15) Incapacitated	3	44, 45, 46
(16) Irritability	2	47, 48
(17) Withdrawn	3	49, 50, 51
(18) Regression	3	52, 53, 54
(19) Refusal to go to school	2	55, 56
(20) Doing self-comforting behaviors	2	57, 58

(21) Obsessive	3	59, 60, 61
(22) Stuttering	2	62, 63
(23) Truancy	2	64, 65
(24) emotionally unstable	3	66, 67, 68
(25) Unpredictability	3	69, 70, 71
(26) Whining	2	72, 73
(27) Fidgety	2	74, 75
(28) Rebellious	4	76, 77, 78, 79
(29) Somatic Symptoms with no organic reason	2	80, 81
30) Uneasy mingling with others	2	82, 83
31) Sleep Problems	3	84, 85, 86
(32) Insecurity	3	87, 88, 89
(33) Lack of Interest in school	2	90, 91

PHASE II- Construction Stage(Preparing the Test Items)

A. Writing the Test Items

The items in the Child Stress Checklist (CSC) are in the form of statements with responses framed in a Likert Scale format having five(5) scales. Each of the 33 possible indicators of stress has its corresponding definition and specific observable behaviors and actions (Appendix E1, E2 and E3). It is based on the related literature and studies. Each possible indicator represents one item in the Child Stress Checklist (CSC).

B. Face and Content Validation

The initial pool of items was presented to eight(8) panel of experts who served as raters who critiqued each item. They rated each item without any

influence from each other. They applied the criteria made by Banan (1983) and revised by Abulencia (2003). They commented on the instrument by encircling the number corresponding to:

Numerical Value	Description
1	The indicator should be deleted from the list.
2	The indicator is acceptable but the definition is not.
3	The indicator is acceptable but the definition needs improvement.
4	The indicator and the definition are both acceptable.
5	The indicator and the definition are very much acceptable.

The results revealed that out of the thirty-three(33) possible indicators, 11 indicators and their corresponding definitions were both acceptable, and 22 indicators were accepted but the definitions needed improvement.(Appendix F). The improvements done are shown in table 3.

Table 3

Original and Improved Items

Original	Improved
#5 Decline in Grades It means that there is a sudden drop in grades and other academic performance as reflected by report cards and class records.	It means that there is a sudden <u>decrease</u> in grades and other academic performance as reflected in the report cards and class records
#8 Excessive shyness This refers to a child's strong inhibition to be in front of other people.	This refers to a child's strong inhibitions to <u>deal/mingle</u> with other people.
#11 Hypervigilance This refers to constant skimming of the environment and speaking of its possible threats and physical dangers.	This refers to constant <u>scanning</u> of the environment for possible threats and physical dangers.
#15 Incapacitated	<u>Overly dependent</u>
#17 Withdrawn It means that the child isolates	It means that the child isolates

himself/herself physically and mentally away from the stressful situation or event.	himself/herself physically, emotionally, and mentally away from the stressful situation or event.
#21 Obsessive	Compulsive
#27 Fidgety This refers to a child's impatient behavior when doing a task or in a situation he/ she is into.	This refers to a child's restless behavior when doing a task or in a situation he's into.
Additional: acting out selective mutism repression fixation	

Out of ninety-one (91) observable behaviors and actions, eighty-eight(88) were retained and only three(3) needed revision.(Appendix G). In Table 4 additional specific behaviors and actions corresponding to a child stress indicator were contributed by the experts. Table 5 shows the revised items.

Table 4

Additional Specific Behaviors and Actions Corresponding to a Child Stress Indicator

Item No.	Additional Behaviors and Actions
2	Change in eating habits
	Unusual increase/decrease in appetite
3	Attention seeking
	Exhibits negative behavior intentionally
4	Nail Biting
	Bites his/her nails unconsciously and uncontrollably
6	Clingy
	Clings to an object of comfort like pillow, toy, and blanket
9	excessive worrying
	Has fears of being bullied
10	freezing up in social situations
	Suddenly forgets what he/she is about to say when he/she is in front of the crowd.
14	Inability to relax
	Is fidgety and displays nervous habits

16	Irritability
	Is impatient and has low tolerance for frustration
	Becomes easily mad when he/she does not get his/her way or when needs are thwarted.
21	Obsessive
	Unable to tolerate changes in routines.
29	Somatic
	Exhibits physical symptoms of an illness yet tests show there is nothing wrong

Table 5

Revised Items on the Specific Behavioral and Actions of Child Stress Indicator

Original Statement	Revised Statement
5.1 The child rarely completes the assignment.	The child does not do his assignments or rarely completes it.
18.3 The child is toileting.	The child cannot control his/her bladder or bowel.
25.3 The child moves carelessly and is prone to accidents.	The child is not cautious on the way he/she moves which leads to accidents.

C. Analysis of Data

The data gathered were collated and tallied. It was also analyzed based on the average total of the responses of the eight(8) experts on the list of possible indicators of child stress and based on the criteria whether the indicator and definition must be deleted or accepted.

The ninety-one (91) items on specific behaviors and actions of Child Stress responses of the experts were tallied and examined to determine if an item should be retained, revised, or discarded.

D. Scoring and interpretation of the Child Stress Checklist(CSC)

To score the checklist, the observers respond to an inventory of specific child stress indicators and actions by checking No or Yes based on their observations of a child. A Yes response means that a child was seen to have manifested that indicator while a No response means that the child does not display that indicator. Each Yes response receives one point, while each no response receives a zero. Scores are calculated by adding the responses within a variety of categories. The Child Stress Checklist (CSC) assesses the thirty-three(33) indicators of child stress on three(3) categories. These categories are physical, emotional, and behavioral. Ninety-one(91) items make up the checklist corresponding to specific behaviors and actions. Table 6 shows the table of specification of the Child Stress Checklist (CSC) by Category.

The interpretation of the Child Stress Checklist is based on the total number of Yes responses. A score of 1-7 means that the stress level is low. A score of 8-14 means that the stress level is moderate. A score of 15-21 means that the stress level is high. A score that reaches 22 and above means that the stress level is very high.

Table 6

Table of Specifications of Child Stress Checklist (CSC) by Category

Categories of Child Stress Indicators	No. of Items	Item Placement
Physical	23	5-7, 11-12, 38-40, 41-43, 44-46, 62-63, 72-73, 80-81, 84-86
Behavioral	43	1-4, 13-15, 16-19, 20-22, 23-27, 31-33, 34-35, 49-51, 52-54, 57-58, 64-65, 69-71, 76-79, 90-91
Emotional	25	8-10, 28-30, 36-37, 47-48, 55-56, 59-61, 66-68, 74-75, 82-83, 87-89

Chapter IV

The Child Stress Checklist

Overview and Background

Stress is a normal response when threats, challenges, and demands disappoint our ability to cope. It has been proven to be a part of modern life across lifespan. It can be good when it enables us to perform under pressure. But sometimes it hinders people to be at their best foot. At a certain point, stress stops being helpful causing problems to health, relationships and productivity.

For the past decades, a good deal of attention has been given on how stress affects human beings in general. The researches focus mainly on the sources of stress and its bad effects .Studies and literature also show that there is a connection between adult stress to stress experiences when he/she is still young. Traumatic childhood events like abuse and neglect can create dangerous levels of stress resulting in long-term effects on learning, behavior and health. Unfortunately, Parents, educators and administrators are unaware that school age children also encounter stress. They lack knowledge, ability, and resources to diagnose that there is a problem on a child. Therefore, they were not able to give the necessary protection that students must receive.

About the Child Stress Checklist

The instrument is designed to measure child stress among elementary students. The instrument consists of ninety-one(91) items of observable specific behavior and actions which reflect the thirty-three(33) identified behavioral indicators of child stress based on the surveys and thorough review of related literature and studies. The items are statements describing an observable situation corresponding to an indicator which is laid out in alternate form. The respondents will answer according to their experience in school environment.

The instrument was subjected to face and content validation by the experts.

Why Use the Child Stress Checklist

On the way to carry on the objective of the Educational System that is---to protect the welfare of students, life signs and symptoms of stress must be recognized to reduce its harmful effects on children. In order to do this, carefully constructed child stress checklist must be done.

The Child Stress Checklist (CSC) will guide parents, teachers, guidance counselors, and administrators in assessing elementary behaviors in a systematic way. This will help countercheck other documents like anecdotal and guidance records.

How to use the Checklist

The observers respond to an inventory of specific child stress indicators and actions by checking No or Yes based on their observations on a student-client.. A Yes response means that a student was seen to have manifested that indicator while a No response means that the student does not display that indicator. Each Yes response receives one point, while each no response receives a zero. Scores are calculated by adding the responses within a variety of categories.

The interpretation of the Child Stress Checklist is based on the total number of Yes responses. A score of 1-7 means that the stress level is low. A score of 8-14 means that the stress level is moderate. A score of 15-21 means that the stress level is high. A score that reaches 22 and above means that the stress level is very high.

CHILD STRESS CHECKLIST (CSC)

By

Ms. Jenny Lynn F. Cruz

Philippine Normal University

2015

The Child Stress Checklist

Preliminary Form and Answer Sheet

Direction

The following items are behaviors and situations encountered and observed by educators and parents concerning stress on elementary pupils. Read them carefully and indicate your responses based on your knowledge and experiences.

During the last month have you noticed

1. a child hurting his/her classmates verbally or physically?	Yes	No
2. a child unusually takes away objects from others?	Yes	No
3. a child quarreling with other kids without a real cause?	Yes	No
4. a child hurting himself/herself by slapping, head banging or calling oneself bad names?	Yes	No
5. that every time a child eats, he/she finds the food tasteless even if he/she likes it previously?	Yes	No
6. a child does not want to eat at all?	Yes	No
7. a child has unusual increase in appetite?	Yes	No

8. a child does annoying gestures to get attention from classmates? Yes No

9. a child cries over everything to get noticed by the caretakers? Yes No

10. child asks for help in an activity or assignment even though the teacher/parent knows he/she can do it? Yes No

11. a child bites his/her nails all the time? Yes No

12. a child bites his/her nails even though he/she is being told not to do it because it is not hygienic? Yes No

13. a child rarely completes the assignment? Yes No

14. a child fails one or more subjects? Yes No

15. a child's performance as reflected in the report card became really low even in non-academic subjects? Yes No

16. a child suddenly fears having to sleeping alone? Yes No

17. a child worries about the whereabouts of his/her parents? Yes No

18. a child goes to his/her teacher all the time? Yes No

19. a child does not want his/her caretaker to be out of sight that he/she shadows his/her caregiver for months? Yes No

20. a child has little or no energy that he/she slouches all the time? Yes No

21. a child says he/she is tired all the time? Yes No

22. a child seldom volunteers? Yes No

23. a child does not want to perform an act in a play or recite a poem? Yes No

24. a child seldom participates in oral recitation? Yes No

25. a child has hesitations in eating with other students during recess? Yes No

26. a child seats quietly with lowered head? Yes No

27. a child seldom expresses self or defends self? Yes No

28. a child fears of failing a test? Yes No

29. a child fears all the time that he/she is not doing the right thing? Yes No

30. a child fears being picked on by older students? Yes No

31. a child does not answer when being asked by someone? Yes No

32. a child is immobile and sticks to one place not noticeable by people? Yes No

33. a child stares vacantly as if he/she wants to forget something? Yes No

34. a child is preoccupied with frightening images of monsters Yes No
or other violent threatening figures?

35. a child unusually keeps his/her personal possessions safe? Yes No

36. a child seldom smiles or laughs with his/her classmates? Yes No

37. a child has grave solemn face almost all the time? Yes No

38. a child has difficulty listening to or carrying out instructions? Yes No

39. a child has difficulty organizing, conceptualizing and Yes No
verbalizing thoughts?

40. a child flunks a test out of carelessness and commits many errors?	Yes	No
41. a child keeps wandering around the room?	Yes	No
42. a child cannot settle into a constructive play?	Yes	No
43. a child touches and disturbs toys and games?	Yes	No
44. the child could not do simple assignments without assistance?	Yes	No
45. a child often disturbs other students by leaving seat to copy notes on the board?	Yes	No
46. a child often finds all tasks difficult and sighs to show that he/she cannot do it?	Yes	No
47. a child quickly becomes angry when being asked for a favor?	Yes	No
48. a child is easily aggravated and prone to throwing tantrums?	Yes	No
49. a child isolates self and is always quiet?	Yes	No
50. a child appears tense, nervous, and unhappy?	Yes	No
51. a child daydreams and concentrates attention on inanimate object?	Yes	No
52. a child baby talks?	Yes	No
53. a child is thumb sucking?	Yes	No
54. a child has no control over his/her bladder or bowels?	Yes	No
55. a child pretends to be sick to stay at home?	Yes	No
56. a child refuses to talk about schooling?	Yes	No
57. a child rocks his/her chair in the classroom always?	Yes	No

58. a child is rubbing, patting or tracing on something? Yes No

59. a child frequently hand washes? Yes No

60. a child is constantly touching and fixing hisher clothes, hair, things, Yes No
or the books on the shelf in the classroom?

61. a child repeats a phrase or a song over and over again? Yes No

62. a child uses inarticulate speech? Yes No

63. a child speaks with prolongation of sounds and blocks in between? Yes No

64. a child escapes school without permission? Yes No

65. a child is persistently absent in school? Yes No

66. a child views life as negative? Yes No

67. a child appears agitated, worried or preoccupied? Yes No

68. a child is too happy yesterday, too sad today and too angry the next day? Yes No

69. a child is quick to react without much pause to think correctly, Yes No
and is not concerned about the possible consequences?

70. a child could have different or the same reaction in a situation Yes No
that teachers or parents cannot foretell?

71. a child moves carelessly and is prone to accidents? Yes No

72. a child cries in a self-pitying way without realizing Yes No
the noise he/she makes?

73. a child complains with a high-pitched sound?	Yes	No
74. a child is constantly moving and cannot sit still in one place or in a span of time?	Yes	No
75. a child complains about his/her hair, clothes, assignments and to almost everything?	Yes	No
76. a child purposely breaks school or house rules?	Yes	No
77. a child is impolite and rude?	Yes	No
78. a child struggles against authorities?	Yes	No
79. a child lies, cheats and steals?	Yes	No
80. a child recurrently complains that he/she has toothache, headache, stomachache, etc?	Yes	No
81. a child frequently vomits with no apparent cause?	Yes	No
82. a child is unable to carry out sustained play with classmates?	Yes	No
83. a child has difficulty on trusting others when his/her possessions are borrowed?	Yes	No
84. a child cannot sleep or has insomnia?	Yes	No
85. a child has nightmares?	Yes	No
86. a child has constant need to sleep although physically well?	Yes	No
87. a child has soiled clothes and unkempt hair and body all the time?	Yes	No

88. a child does not want to undress during PE class for he fears of being looked upon or being compared to others' physical attributes?	Yes	No
89. a child relies on classmates because of a belief that his/her knowledge or effort is insufficient, useless or worthless?	Yes	No
90. a child does not engage in school activities and trips even if its required or even if the teacher gives incentives?	Yes	No
91. a child is inattentive that he/she always asks about the task or activity in the end?	Yes	No

Chapter V

Summary, Conclusions and Recommendations

Summary

This study is primarily concerned with the development of an instrument to measure child stress among elementary students in private schools.

To develop the Child Stress Checklist (CSC) the following steps were followed: 1)Planning; 2) Writing the test items; and 3) Revising the instrument.

The initial stage involved the identification of the possible indicators of child stress which became the basis for item construction.

The second stage involved the construction of the test for Child Stress Checklist. Then the instrument was presented for face and content validation to a panel of experts. The experts' judgment was vital in the construction of the final form of the instrument.

Since the study focused only on the development of an instrument, it was not administered to sample subjects for further validation and establishment of reliability.

Conclusions

In light of the results, but with due consideration to the limitations of the study, the researcher has put forth an initial attempt to realize the vision to develop an instrument intended to measure child stress among elementary pupils. It offered the following conclusions:

1. A theoretical construct/trait has its behavioral indicators.

2. Behavioral indicators are observable and anything that is observable is measureable.

3. Behavioral indicators can be quantified and qualified using an appropriate instrument.

Recommendations

Based on the conclusions, it is recommended that:

1. The developed Child Stress Checklist(CSC) be administered not only to 10 educators and parents in private schools but also to a larger sample which includes the public schools.

2. Further studies on child stress involving other variables be conducted. In addition, further validation can be made of the developed Child Stress Checklist (CSC) for improvement.

3. Other methodologies of construct validation are being recommended to be used by succeeding researchers.

4. Observation and interviews may be conducted to counter check the responses.

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APPENDICES

Appendix A1

Philippine Normal University

College of Graduate Studies and

Teacher Education Research
Taft Ave., Manila

April 30, 2014

Dear Sir/Madam:

Greetings! I am presently writing my special project entitled "DEVELOPMENT OF A CHILD STRESS CHECKLIST" as a requirement for the completion of the degree of Masters of Education in Educational Measurement and Evaluation.

In line with this undertaking, I would like to solicit your invaluable opinions and insightful suggestions with regard to the definition of child stress and its behavioral indicators.

Kindly answer the attached questionnaire.

Thank you in advance for your help regarding this matter.

Very truly yours,

(Sgd.) Jenny Lynn F. Cruz

Researcher

(Sgd.) Prof. Antonio G. Dacanay

Adviser

Appendix A2

Questionnaire for Pre-survey

Name:_____Designation:_____Date:_____

In 2 or more sentences please answer the following questions.

1. What is your concept of child stress?

2. What do you think are the behavioral indicators of child stress?

Appendix B

Common Indicators of Child Stress Based on the Documentary Analysis of Related Literature and Studies

1. Accident-proneness
2. Agitated /nervous
3. Aggressive
4. Appetite loss
5. Attention-seeking
6. Biting(skin/nail/objects)
7. Drop in grades
8. excessive clinging
9. Excessive laziness
10. Excessive shyness
11. Excessive worrying
12. Fighting or arguing
13. "freezing up" in social situations
14. Hyper-vigilance
15. Humor of difficulties
16. Impaired working memory
17. Inability to concentrate
18. Inability to relax

19. Incapacitated

20. Irritability

21. Isolation from family activities or peer relationships

22. persistent concern about "what comes next"

23. questioning

24. quiet

25. Regression to earlier developmental levels

26. Refusal to go to school

27. rocking and other self-comforting behaviors

28. Seemingly obsessive interest in objects, routines, food

29. Stattering

30. Stealing

31. Toileting

32. Truant(escapes school w/o permission)

33. unusual emotionality

34. unpredictability

35. Unexplained fears or increased anxiety (that also can take the form of clinging)

36. Whining

Appendix C1

Republic of the Philippines
Philippine Normal University
Taft Avenue, Manila

_____

_____

_____

_____

Dear Madam/Sir:

Warmest greetings!

I am Jenny Lynn F. Cruz, a student of Philippine Normal University with a degree in Master of Education in Measurement and Evaluation. I am presently conducting a study entitled" DEVELOPMENT OF A CHILD STRESS CHECKLIST". My aim is to have a preliminary study on the development of local material that will measure child stress among students from private schools. With this, I would like to ask for your expert opinion regarding the categories of child stress. I will greatly appreciate your help in the accomplishment of my objectives. Thank you very much.

Respectfully yours,

Jenny Lynn F. Cruz(sgd.)
Researcher

Prof. Antonio G. Dacanay(sgd.)
Adviser

Name:_____ Date:_____

Directions: Based on the documentary analysis and presurvey made, below is a list of possible indicators or manifestations of child stress. Please categorize each according to physical, behavioral and emotional. Put a check mark (/) under each column. If you have some comments please write them in the space provided. Thank you.

	Physical	Emotional	Behavioral
1. "freezing up" in social situations			
2. Accident-proness			
3. Aggressive			
4. Appetite Loss			
5. Attention-seeking			
6. Biting(nail/skin/objects)			
7. Bullying			
8. Doing self-comforting behaviors			
9. Drop in grades			
10. excessive clinging			
11. Excessive laziness			
12. Excessive shyness			
13. Excessive worrying			
14. Feeling sick for no reason			
15. Fighting or arguing			
16. Humor of difficulty			
17. Hyper-vigilance			
18. Impaired working memory			

19. Inability to concentrate			
20. Inability to relax			
21. Inability to sleep			
22. Incapacitated			
23. Insecurity			
24. Irritability			
25. Isolation from family activities or peer relationships			
26. Keeps on asking questions			
27. Lack of interests in school			
28. Laughing too much			
29. Obsessive			
30. quiet			
31. rebellious			
32. Refusal to go to school			
33. Regression to earlier developmental levels			
34. Stealing			
35. Stuttering			
36. The child is fidgety.			
37. The child shuts off.			
38. Toileting			
39. Truancy			
40. Uneasy mingling with other children			
41. unpredictability			
42. unusual emotionality			
43.Whining			

Appendix C2

Possible Indicators of Child Stress Categorized by Experts												
	Physical				Emotional				Behavioral			Remarks
	E1	E2	E3		E1	E2	E3		E1	E2	E3	
1. "freezing up" in social situations							/		/	/		Behavioral
2. Accident-proness		/	/						/			Physical
3. Aggressive									/	/	/	Behavioral
4. Appetite Loss	/	/	/									Physical
5. Attention-seeking						/	/		/			Emotional
6. Biting(nail/skin/objects)	/	/									/	Physical
7. Bullying									/	/	/	Behavioral
8. Doing self-comforting behaviors						/			/	/		Behavioral
9. Drop in grades						/			/		/	Behavioral
10. excessive clinging						/			/		/	Behavioral
11. Excessive laziness									/	/	/	Behavioral
12. Excessive shyness							/		/	/		Behavioral
13. Excessive worrying					/	/	/					Emotional
14. Feeling sick for no reason	/	/					/					Physical
15. Fighting or arguing		/							/		/	Behavioral
16. Humor of difficulty						/	/		/			Emotional
17. Hyper-vigilance									/	/	/	Behavioral
18. Impaired working memory	/		/			/						Physical
19. Inability to concentrate	/	/					/					Physical
20. Inability to relax	/	/					/					Physical
21. Inability to sleep	/	/					/					Physical
22. Incapacitated		/	/						/			Physical
23. Insecurity						/	/		/			Emotional
24. Irritability					/	/	/					Emotional
25. Isolation from family activities or peer rela	/								/		/	Behavioral
26. Keeps on asking questions		/							/		/	Behavioral
27. Lack of interests in school						/			/	/		Behavioral
28. Laughing too much									/	/	/	Behavioral
29. Obsessive						/	/		/			Emotional
30. quiet	/	/					/					Physical
31. rebellious									/	/	/	Behavioral
32. Refusal to go to school						/	/		/			Emotional
33. Regression to earlier developmental levels						/			/		/	Behavioral
34. Stealing	/	/									/	Physical
35. Stuttering	/	/					/					Physical
36. The child is fidgety.		/			/		/					Emotional
37. The child shuts off.							/		/	/		Behavioral
38. Toileting	/	/	/									Physical
39. Truancy									/	/	/	Behavioral
40. Uneasy mingling with other children						/	/		/			Emotional
41. unpredictability						/			/		/	Behavioral
42. unusual emotionality					/	/	/					Emotional
43.Whining	/	/	/									Physical
Legend:												
E1-first validator												
E2-second validator												
E3-third validator												

Appendix D1

Republic of the Philippines
Philippine Normal University
Taft Avenue, Manila

June 21, 2014

Dear respondents,

Warmest greetings!

I am Jenny Lynn F. Cruz, a student of Philippine Normal University with a degree in Master of Education Measurement and Evaluation. I am presently conducting a study entitled" DEVELOPMENT OF A CHILD STRESS CHECKLIST". My aim is to have a preliminary study on the development of local material that will measure child stress among students from private schools. With this, I would like to ask for your expert opinion regarding the observable actions and behaviors of the manifestations of child stress. I will greatly appreciate your help in the accomplishment of my objectives. Thank you very much.

Respectfully yours,

Jenny Lynn F. Cruz
Researcher(sgd.)

Antonio G. Dacanay
Adviser(sgd.)

Name:_____Date:_____

Designation: _____ School: _____

Part I. DEFINITION OF CHILD STRESS

Directions: The definition of Child Stress is based on the definitions given by some teachers, parents and school administrators (including you). The undersigned is trying to come up with an operational definition of the said construct. Please comment on the given definition. You may revise or make some changes on the space provided.

DEFINITION

Child stress according to the pre-survey made is an outcome of the pressures, demands or expectations brought about by the changes in the environment or by the persons that surround the child, or by the child himself. It is manifested in the physical, emotional and mental state of a student resulting to inability to produce his/ her best performance and products.

_____

_____

(Sgd.) Jenny Lynn F. Cruz
Educator

Appendix D2

Determination of Behavioral Indicators of Child Stress

Directions: The following are identified indicators of child stress among elementary students based on the documentary analysis and pre-survey made. Please put a check mark (✓) on the yes column if you agree or believe so or in the no column if not, or on the question mark (?) column if you are not sure. On the space provided you may add other indicators of child stress.

Manifestation/ Indicator	Yes	No	?
1. Accident-proneness			
2. Bullying			
3. Aggressive			
4. Appetite loss			
5. Attention-seeking			
6. Biting(skin/nail/objects)			
7. Drop in grades			
8. excessive clinging			
9. Excessive laziness			
10. Excessive shyness			
11. Excessive worrying			
12. Fighting or arguing			

13. "freezing up" in social situations			
14. Hyper-vigilance			
15. Humor difficulty			
16. Impaired working memory			
17. Inability to concentrate			
18. Inability to relax			
19. Incapacitated			
20. Irritability			
21. Isolation from family activities or peer relationships			
22. Keeps on asking questions			
23. quiet			
24. Regression to earlier developmental levels			
25. Refusal to go to school			
26. Doing self-comforting behaviors			
27. Obsessive			
28. Stuttering			
29. Stealing			
30. Toileting			
31. Truant			
32. unusual emotionality			

33. unpredictability			
34. Whining			
35. The child shuts off.			
36. The child is fidgety.			
37. rebellious			
38. Feeling sick for no reason			
39. Uneasy mingling with other children			
40. Laughing too much			
41. Inability to sleep			
42. Insecurity			
43. Lack of interests in school			

Appendix D3

TABULATION ON THE EVALUATION OF CHILD STRESS INDICATORS BY TEN(10) TEACHERS AND ADMINISTRATORS

Respondents / Indicators of Child Stress	1	2	3	4	5	6	7	8	9	10	Remarks
1. Accident-proneness	N	N	?	Y	Y	?	Y	Y	Y	N	Revised
2. Bullying	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
3. Aggressive	Y	Y	Y	Y	Y	Y	Y	?	Y	N	Retained
4. Appetite loss	Y	Y	Y	?	?	Y	Y	Y	Y	N	Retained
5. Attention-seeking	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
6. Biting(skin/nail/objects)	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Retained
7. Drop in grades	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
8. excessive clinging	Y	Y	Y	Y	?	Y	Y	Y	Y	N	Retained
9. Excessive laziness	Y	N	Y	N	?	Y	Y	Y	Y	N	Retained
10. Excessive shyness	Y	N	Y	Y	?	Y	Y	Y	Y	N	Retained
11. Excessive worrying	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
12. Fighting or arguing	?	N	Y	?	Y	Y	Y	Y	Y	Y	Retained
13. "freezing up" in social situations	?	N	Y	Y	Y	Y	Y	Y	Y	Y	Retained

14. Hyper-vigilance	?	Y	Y	Y	Y	Y	Y	?	Y	N	Retained
15. Humor difficulty	Y	N	Y	Y	?	Y	?	Y	Y	N	Retained
16. Impaired working memory	Y	N	?	Y	Y	N	?	Y	Y	N	Revised
17. Inability to concentrate	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Retained
18. Inability to relax	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
19. Incapacitated	Y	N	Y	Y	Y	N	Y	Y	Y	N	Retained
20. Irritability	?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
21. Isolation from family activities or peer relationships	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Retained
22. Keeps on asking questions	N	N	?	?	?	Y	N	Y	Y	N	Rejected
23. quiet	?	Y	?	Y	?	Y	Y	Y	Y	Y	Retained
24. Regression to earlier developmental levels	Y	Y	Y	N	Y	?	Y	Y	Y	Y	Retained
25. Refusal to go to school	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Retained
26. Doing self-comforting behaviors	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Retained
27. Obsessive	Y	Y	Y	Y	N	?	Y	Y	Y	N	Retained
28. Stuttering	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Retained

29. Stealing	?	N	Y	Y	N	N	Y	?	N	N	Rejected
30. Toileting	Y	Y	?	?	?	?	Y	?	Y	N	Rejected
31. Truant	?	Y	Y	N	Y	Y	Y	Y	Y	Y	Retained
32. unusual emotionality	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
33. unpredictability	?	Y	Y	Y	Y	Y	Y	Y	Y	N	Retained
34. Whining	?	N	Y	Y	Y	Y	Y	Y	Y	Y	Retained
35. The child shuts off.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
36. The child is fidgety.	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Retained
37. rebellious	?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
38. Feeling sick for no reason	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
39. Uneasy mingling with other children	?	N	Y	Y	?	Y	Y	Y	Y	Y	Retained
40. Laughing too much	?	N	?	N	N	?	N	Y	Y	N	Rejected
41. Inability to sleep	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Retained
42. Insecurity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Retained
43. Lack of interests in school	Y	Y	Y	Y	?	Y	Y	Y	Y	Y	Retained

Legend:

Y- means the respondent believes that the statement is an indicator of child stress

N- means the respondent does not believe that the statement is an indicator of child stress

?-means the respondent is not sure if the statement is an indicator of child stress or not

SUMMARY:

37 out of 43 is retained

2 out of 43 needs revision

4 out of 43 needs to be rejected

Suggestions: Aggresiveness may be shown by a child through bullying, fighting and arguing. While Freezing up, shuts off and quiet are the same.

Appendix E1

Republic of the Philippines
Philippine Normal University
Taft Avenue, Manila

August 14, 2014

_____

_____

_____

Dear Madam/Sir:

Warmest greetings!

I am Jenny Lynn F. Cruz, a student of Philippine Normal University with a degree in Master of Education in Measurement and Evaluation. I am presently conducting a study entitled" DEVELOPMENT OF CHILD STRESS CHECKLIST (CSC)". My aim is to have a preliminary study on the development of local material that will measure child stress among students from private schools. With this, I would like to ask for your expert opinion regarding the possible indicators of child stress and their corresponding definitions, observable behaviors and actions. I will greatly appreciate your help in the accomplishment of my objectives. Thank you very much.

Respectfully yours,

Jenny Lynn F. Cruz(sgd.)
Researcher

Antonio G. Dacanay(sgd.)
Adviser

Appendix E2

The Possible Indicators of Child Stress and Their Corresponding Definitions

Name:_____ Date:_____

Directions: Based on the documentary analysis and presurvey made, below is a list of possible indicators or manifestations of child stress and their corresponding definitions. Please comment on the indicators and their definitions by using the following scale: (Please encircle the number before each item.)

1. The indicator should be deleted from the list.

2. The indicator is acceptable but the definition is not.

3. The indicator is acceptable but the definition needs improvement.

4. The indicator and the definition are both acceptable.

5. The indicator and the definition are very much acceptable.

1 2 3 4 5 (1) Aggressive

This refers to an antisocial behavior ranging from verbal threats to physical assault.

1 2 3 4 5 (2) Change in eating habits

This refers to unusual decrease or increase in appetite or desire for food.

1 2 3 4 5 (3)Attention-seeking

This refers to a child's unusual need to be noticed for response and approval from his parents or teachers.

1 2 3 4 5 (4) Nail biting

This refers to an oral habit of biting one's nails.

1 2 3 4 5 (5) Decline in Grades

It means that there is a sudden drop in grades and other academic performance as reflected by report cards and class records.

1 2 3 4 5 (6) Clingy

It means the child has excessive attachment behavior on his parents or whoever he finds comfort and safe to be with.

1 2 3 4 5 (7) Laziness

It is a behavior characterized by slowness to function, act or respond.

1 2 3 4 5 (8) Excessive shyness

This refers to a child strong inhibition to be in front of other people.

1 2 3 4 5 (9) Excessive worrying

This refers to unusual fear or anxiety on the environment and on the people that surrounds the child.

1 2 3 4 5 (10) Freezing up in social situations

This refers to non responsiveness of a child when under social tensions.

1 2 3 4 5 (11) Hypervigilance

This refers to constant skimming of the environment and speaking of its possible threats and physical dangers.

1 2 3 4 5 (12) Humor difficulty

It means that the child can't laugh on a joke even if everybody else does.

1 2 3 4 5 (13) Inability to Concentrate

It means that the child lacks focus on his school works and easily distracted by sounds around him and he also has instable mind.

1 2 3 4 5 (14) Inability to relax

It means that the child is hyperactive and restless.

1 2 3 4 5 (15) Incapacitated

This refers to unusual dependence of a child on his caretakers that he cannot do even simple work.

1 2 3 4 5 (16) Irritability

It means that the child is fussy, nervous and noisy and gives his caretakers hard time comforting him.

1 2 3 4 5 (17) Withdrawn

It means that the child isolates himself physically and mentally away from the stressful situation or event.

1 2 3 4 5 (18) Regression

It means that the child is returning to a behavioral characteristic of an earlier developmental stage to which he had been engrossed.

1 2 3 4 5 (19) Refusal to go to school

It means the child avoids or declines to go to school by making different excuses.

1 2 3 4 5 (20) Doing self-comforting behaviors

It refers to soothing activities which uses various sensory manners.

1 2 3 4 5 (21) Obsessive

It means that there is a repetition of rituals in order to ease anxiety.

1 2 3 4 5 (22) Stuttering

It means that the child cannot say things clearly which is characterized by repetitions, blocks and spasms or prolonging of sounds.

1 2 3 4 5 (23) Truancy

It means that the child has created a habit to skip school without permission.

1 2 3 4 5 (24) emotionally unstable

This refers to sudden shift in mood which is volatile and unpredictable.

1 2 3 4 5 (25) Unpredictability

This refers to the child's clueless conduct and emotions on his environment and situations.

1 2 3 4 5 (26) Whining

This refers to excessive complaining of the child in a self-pitying way when a command or request is being asked of him.

1 2 3 4 5 (27) Fidgety

This refers to a child's impatient behavior when doing a task or in a situation he's into.

1 2 3 4 5 (28) Rebellious

This refers to a behavior showing defiance and strong resistance to authorities.

1 2 3 4 5 (29) Somatic Symptoms with no organic reason

It means that the child complains of being sick with no evident reason or cause at all.

1 2 3 4 5 (30) Uneasy mingling with others

It refers to inability of a child to be comfortable and be with children belonging to his age group.

1 2 3 4 5 (31) Sleep Problems

This means that the child has difficulty in sleeping that his normal sleep pattern is disrupted.

1 2 3 4 5 (32) Insecurity

It means that the child has low self-esteem and behaves in a way that tells us that he feels incompetent and unworthy of others' attention.

1 2 3 4 5 (33) Lack of Interest in school

It means the child doesn't show concern and importance to things and events in school he previously enjoyed.

Please specify additional indicators of child stress and their corresponding definitions.

You may also write your other comments and suggestions in the space provided.

_____

_____

Appendix E3

Observable Behaviors and Actions Which may Correspond to the Indicators of Child Stress

Name:_____Date:_____

Directions: Items 1 to 33 are thought to be indicators of what may be considered child stress. Listed below each indicator are observable behaviors and actions based on the analysis on related literature and presurvey to ten(10) educators and parents. On the blank before each behavior put a check mark (/) if you think that the behavior points to the said indicator of child stress; a cross (x) if you think that the behavior does not. You may also add other specific behaviors and actions.

(1) Aggressive

____1.1 The child is being mean to his siblings or classmates by bullying, domineering and teasing them.

____1.2 The child takes away an interesting object away from others

____1.3 The child quarrels with other children without a real cause.

____1.4 The child hurts self by slapping, head banging or calling self bad names.

____1.5

(2) Change in eating habits

____2.1 The child finds the food tasteless even if he/she likes it previously.

____2.2The child does not want to eat at all.

____2.3 The child has unusual increase in appetite.

____2.4

(3)Attention-seeking

____3.1 The child is being the class “clown”.

____3.2 The child cries over everything to get noticed by his/her caretakers

____3.3 The child asks for help in an activity or assignment even though the teacher/parent knows he/she can do it.

____3.4

(4) Nail biting

____4.1 The child bites his/her nails all the time.

____4.2 The child bites his/her nails even though he is being told not to do it because it is not hygienic.

____4.3

(5) Decline in Grades

____5.1 The child rarely completes the assignment.

____5.2 The child fails one or more subjects.

____5.3 The child’s performance as reflected in the report card became really low including non academic subjects.

____5.4

(6) Clingy

____6.1 The child fears of sleeping alone. He/She is too sensitive if his/her caretaker leaves and even if he/she is sleeping.

____6.2 The child worries about the whereabouts of his/her parents.

____6.3 The child goes to his/her teacher all the time.

____6.4 It means the child doesn't want his/her caretaker to be out of his sight. He/She shadows his/her caregiver for months.

____6.5

(7) Laziness

____7.1 The child slouches all the time.

____7.2 The child has little energy and easily abandons easy manual tasks. He/She says that he/she is tired all the time.

____7.3 The child seldom volunteers.

____7.4

(8) Excessive shyness

____8.1 The child doesn't want to perform an act in a play, or recite a poem.

____8.2 The child seldom participates in oral recitation because he/she thinks that his/her answers are wrong.

____8.3The child has hesitations in eating with other students during recess.

____8.4 The child seats quietly with lowered head.

____8.5 The child seldom expresses self or defends self.

____8.6

(9) Excessive worrying

____9.1 The child fears of failing a test.

____9.2 The child fears all the time that he/she is not doing the right thing.

____9.3 The child fears being picked on by older students.

____9.4

(10) Freezing up in social situations

____10.1 The child doesn't answer when being asked by someone or by his/her teacher during a recitation.

____10.2 The child is immobile. He sticks to one place not noticeable by people.

____10.3 The child stares vacantly as if he/she wants to forget thinking about stressful trauma or tries to deny stressful events.

____10.4

(11) Hypervigilance

____11.1 The child is preoccupied with frightening images of monsters or other violent threatening figues.

____11.2 The child unusually keeps his/her personal possessions safe.

____11.3

(12) Humor difficulty

____12.1 The child seldom smiles or laughs with his/her classmates.

____12.2 The child has grave solemn face almost all the time.

____12.3

(13) Inability to Concentrate

____13.1 The child has difficulty listening to or carrying out instructions.

____13.2 The child has difficulty organizing, conceptualizing and verbalizing thoughts.

____13.3 The child flunks a test out of carelessness. He has messy paper and many errors in a work.

____13.4

(14) Inability to relax

____14.1 The child wanders around the room.

____14.2 The child cannot settle into a constructive play.

____14.3 The child touches and disturbs toys and games.

____14.4

(15) Incapacitated

____15.1 The child could not do his/her simple assignments without the assistance of parents.

____15.2 The child often disturbs other students by leaving his/her seat to copy notes on the board.

____15.3 The child often finds all tasks difficult and he/she sighs to show that he/she can't do it.

____15.4

(16) Irritability

____16.1 The child quickly becomes angry when being asked for a favor.

____16.2 The child is easily aggravated and prone to throwing tantrums.

____16.3

(17) Withdrawn

____17.1 The child isolates self. He/She is always quiet.

____17.2 The child appears tense, nervous and unhappy.

____17.3 The child daydreams and concentrates his/her attention to inanimate object.

____17.4

(18) Regression

____18.1 The child baby talks.

____18.2 The child is thumb sucking.

____18.3 The child is toileting.

____18.4

(19) Refusal to go to school

____19.1 The child pretends to be sick to stay at home.

____19.2 The child refuses to talk about schooling.

____19.3

(20) Doing self-comforting behaviors

____20.1 The child rocks his chair in the classroom always.

____20.2 The child is rubbing, patting or tracing on something.

____20.3

(21) Obsessive

____21.1 The child frequently hand washes.

____21.2 The child is constantly touching and fixing his clothes, his/her hair, things or the books on the shelf in the classroom.

____21.3 The child repeats a phrase or a song over and over again.

____21.4

(22) Stuttering

____22.1 The child uses disfluent speech. The child cannot speak in a straight sentence. He/She repeats a syllable(s) or word.

____22.2 The child speaks with prolongation of sounds and blocks in between.

____22.3

(23) Truancy

____23.1 The child escapes school without permission.

____23.2 There is a persistent non-attendance in school of a child.

____23.3

(24) emotionally unstable

____24.1 The child views life as negative.

____24.2 The child appears agitated, worried or preoccupied

____24.3 The child is too happy yesterday, too sad today and too angry the next day.

____24.4

(25) Unpredictability

____25.1 The child is quick to react without much pause to think correctly and he/she is not concerned about the possible consequences.

____25.2 The child could have different or the same reaction in a situation that teachers or parents cannot foretell.

____25.3The child moves carelessly and he/she is prone to accidents.

____25.4

(26) Whining

____26.1 The child cries in a self-pitying way without realizing the noise she/he makes.

____26.2 The child complains with a high-pitched sound.

____26.3

(27) Fidgety

____27.1 The child is constantly moving and cannot sit still in one place or in a span of time.

____27.2 The child complains about his/her hair, clothes, assignments and to almost everything.

____27.3

(28) Rebellious

____28.1 The child purposely breaks school or house rules.

____28.2 The child is impolite and rude.

____28.3 The child struggles against authorities.

____28.4 The child lies, cheats and steals.

____28.5

(29) Somatic Symptoms with no organic reason

____29.1 The child recurrently complains th/sheat he has toothache, headache, stomachache, etc.

____29.2 The child frequently vomits with no apparent cause.

____29.3

(30) Uneasy mingling with others

____30.1 The child is unable to carry out sustained play with classmates.

____30.2 The child has difficulty on trusting others when their possessions are borrowed.

____30.3

(31) Sleep Problems

____31.1 The child cannot sleep or has insomnia.

____31.2 The child has nightmares.

____31.3 The child has constant need to sleep although physically well.

____31.4

(32) Insecurity

____32.1 The child has soiled clothes and unkempt hair and body all the time.

____32.2 The child doesn't want to undress during PE class that he/she fears being looked upon or being compared to others' physical attributes.

____32.3 The child relies on classmates because he/she believes that his knowledge or effort is not enough, useless or worthless.

____32.4

(33) Lack of Interest in school

____33.1 The child doesn't engage in school activities and trips even if its required or even if the teacher gives incentives.

____33.2 The child is inattentive that he/she always asks about the task or activity in the end.

____33.3

Appendix F

Content Validation of Eight(8) Experts on the Possible Indicator of Child Stress

Possible Indicators and Definitions	E1	E2	E3	E4	E5	E6	E7	E8	**Ave.**	**Remarks**
(1) Aggressive	5	3	3	4	5	2	1	4	**3.4**	**IADI**
This refers to an antisocial behavior ranging from verbal threats to physical assault.										
(2) Change in eating habits	5	3	5	5	5	1	5	4	**4.1**	**IDA**
This refers to unusual decrease or increase in appetite or desire for food										
(3)Attention-seeking	5	3	3	3	5	3	3	4	**3.6**	**IADI**
This refers to a child's unusual need to be noticed for response and approval from his parents or teachers.										
(4) Nail biting	5	3	3	5	2	3	5	5	**3.9**	**IADI**
This refers to an oral habit of biting one's nails.										
(5) Decline in Grades	5	3	2	3	5	4	5	4	**3.9**	**IADI**

It means that there is a sudden drop in grades and other academic performance as reflected by report cards and class records.										
(6) Clingy	4	4	4	3	5	4	5	4	**4.1**	**IDA**
It means the child has excessive attachment behavior on his parents or whoever he finds comfort and safe to be with.										
(7) Laziness	5	2	4	3	2	3	3	4	**3.3**	**IADI**
It is a behavior characterized by slowness to function, act or respond.										
(8) Excessive shyness	3	2	4	1	2	4	3	5	**3**	**IADI**
This refers to a child strong inhibition to be in front of other people.										
(9) Excessive worrying	5	2	2	4	5	5	5	4	**4**	**IDA**
This refers to unusual fear or anxiety on the environment and on the people that surrounds the child.										
(10) Freezing up in social situations	4	2	3	4	2	5	3	5	**3.5**	**IADI**
This refers to non responsiveness of a child when under social tensions										

(11) Hypervigilance	4	2	2	5	5	5	5	4	**4**	**IDA**
This refers to constant skimming of the environment and speaking of its possible threats and physical dangers.										
(12) Humor difficulty	4	2	4	3	2	4	3	4	**3.3**	**IADI**
It means that the child can't laugh on a joke even if everybody else does.										
(13) Inability to Concentrate	4	2	4	2	5	4	3	5	**3.6**	**IADI**
It means that the child lacks focus on his school works and easily destructed by sounds around him and he also has instable mind.										
(14) Inability to relax	4	3	3	1	2	3	5	4	**3.1**	**IADI**
It means that the child is hyperactive and restless.										
(15) Incapacitated	4	2	5	1	3	3	3	4	**3.1**	**IADI**
This refers to unusual dependence of a child on his caretakers that he cannot do even simple work.										
(16) Irritability	3	4	4	3	3	3	3	4	**3.4**	**IADI**
It means that the child is fussy, nervous and noisy and gives his										

caretakers hard time comforting him.										
(17) Withdrawn	4	2	3	2	5	4	3	5	**3.5**	**IADI**
It means that the child isolates himself physically and mentally away from the stressful situation or event.										
(18) Regression	4	3	4	4	5	5	5	4	**4.3**	**IDA**
It means that the child is returning to a behavioral characteristic of an earlier developmental stage to which he had been engrossed										
(19) Refusal to go to school	5	2	5	4	5	5	5	5	**4.5**	**IDA**
It means the child avoids or declines to go to school by making different excuses.										
(20) Doing self-comforting behaviors	5	2	4	4	3	5	3	4	**3.8**	**IADI**
It refers to soothing activities which uses various sensory manners.										
(21) Obsessive	2	4	3	3	3	5	3	4	**3.4**	**IADI**
It means that there is a repetition of rituals in order to ease anxiety										
(22) Stuttering	5	4	3	4	5	5	4	4	**4.3**	**IDA**
It means that the child cannot say										

things clearly which is characterized by repetitions, blocks and spasms or prolonging of sounds.										
(23) Truancy	5	3	4	3	5	3	4	4	**3.9**	**IADI**
It means that the child has created a habit to skip school without permission										
(24) emotionally unstable	5	3	4	4	3	4	3	4	**3.8**	**IADI**
This refers to sudden shift in mood which is volatile and unpredictable										
(25) Unpredictability	5	3	4	1	1	3	4	5	**3.3**	**IADI**
This refers to the child's clueless conduct and emotions on his environment and situations.										
(26) Whining	4	2	4	4	4	4	4	4	**3.8**	**IADI**
This refers to excessive complaining of the child in a self-pitying way when a command or request is being asked of him.										
(27) Fidgety	1	2	3	4	5	3	4	4	**3.3**	**IADI**
This refers to a child's impatient behavior when doing a task or in a										

situation he's into.										
(28) Rebellious	5	2	4	5	5	4	4	5	**4.3**	**IDA**
This refers to a behavior showing defiance and strong resistance to authorities.										
(29) Somatic Symptoms with no organic reason	5	2	4	5	5	3	4	5	**4.1**	**IDA**
It means that the child complains of being sick with no evident reason or cause at all.										
(30) Uneasy mingling with others	4	1	3	3	5	3	3	4	**3.3**	**IADI**
It refers to inability of a child to be comfortable and be with children belonging to his age group.										
(31) Sleep Problems	3	5	4	3	5	5	4	4	**4.1**	**IDA**
This means that the child has difficulty in sleeping that his normal sleep pattern is disrupted.										
(32) Insecurity	4	2	3	4	5	4	3	5	**3.8**	**IADI**
It means that the child has low self-esteem and behaves in a way that tells us that he feels incompetent and										

unworthy of others' attention.										
(33) Lack of Interest in school	5	2	3	4	5	4	4	5	**4**	**IDA**
It means the child doesn't show concern and importance to things and events in school he previously enjoyed.										

Legend:
ISD-The indicator should be deleted
IADN-The indicator is acceptable but the definition is not
IADI-The indicator is acceptable but the definition needs improvement
IDA-The indicator and the definition are both acceptable
IDVA-The indicator and the definition are very much acceptable
E1 to E8-Evaluators
Summary:
11 out of the 33 items got a remark of IDA.
22 out of the 33 items got a remark of IADI.

Appendix G

Content Validation of Eight(8) Experts on the Specific Behavior and Actions of Child Stress

Indicators and Actions	E1	E2	E3	E4	E5	E6	E7	E8	**Remarks**
(1) Aggressive									
1.1 The child is being mean to his siblings or classmates by bullying, domineering and teasing them.	√	√	√	√	√	√	D	√	**Retained**
1.2 The child takes away an interesting object away from others	√	√	√	√	√	√	D	√	**Retained**
1.3 The child quarrels with other children without a real cause.	√	√	√	√	√	√	D	√	**Retained**
1.4 The child hurts self by slapping, head banging or calling self bad names.	√	√	√	x	x	√	D	√	**Retained**
(2) Change in eating habits									
2.1 The child finds the food tasteless even if he likes it previously.	√	x	√	√	√	√	R	√	**Retained**
2.2The child doesn't want to eat at all.	√	√	√	√	√	√	√	√	**Retained**

2.3 The child has unusual increase in appetite.	√	√	√	√	√	√	√	√	**Retained**
(3)Attention-seeking									
3.1 The child is being the class "clown".	√	√	√	√	√	√	√	√	**Retained**
3.2 The child cries over everything to get noticed by his caretakers	√	√	√	√	√	√	√	√	**Retained**
3.3 The child asks for help in an activity or assignment even though the teacher/parent knows he can do it.	√	x	√	√	√	√	√	√	**Retained**
(4) Nail biting									
4.1 The child bites his nails all the time.	√	x	√	√	√	x	√	√	**Retained**
4.2 The child bites his nails even though he's being told not to do it because it's not hygienic.	√	x	√	√	√	√	√	√	**Retained**
(5) Decline in Grades									
5.1 The child rarely completes the assignment.	√	x	√	x	x	√	R	√	**Revised**
5.2 The child fails one or more subjects.	√	√	√	√	√	√	R	√	**Retained**

5.3 The child's performance as reflected in the report card became really low including non academic subjects.	√	√	√	√	√	√	R	√	**Retained**
(6) Clingy									
6.1 The child fears of sleeping alone. He is too sensitive if his caretaker leaves and even if he's sleeping.	x	x	√	√	√	√	√	√	**Retained**
6.2 The child worries about the whereabouts of his parents.	√	x	√	√	√	√	√	√	**Retained**
6.3 The child goes to his teacher all the time.	x	√	√	√	√	√	√	√	**Retained**
6.4 It means the child doesn't want his/her caretaker to be out of his sight. He shadows his caregiver for months.	√	√	√	√	√	√	√	√	**Retained**
(7) Laziness									
7.1 The child slouches all the time.	x	x	√	x	√	√	√	√	**Retained**
7.2 The child has little energy and easily abandons easy manual tasks. He says that he is tired all the time.	√	√	√	√	√	√	√	√	**Retained**
7.3 The child seldom volunteers.	√	x	√	√	√	√	√	√	**Retained**

(8) Excessive shyness									
8.1 The child doesn't want to perform an act in a play, or recite a poem.	√	√	√	√	√	√	√	√	**Retained**
8.2 The child seldom participates in oral recitation because he thinks that his answers are wrong.	√	√	√	√	√	√	√	√	**Retained**
8.3The child has hesitations in eating with other students during recess.	x	√	√	√	√	√	√	√	**Retained**
8.4 The child seats quietly with lowered head.	√	√	√	√	√	x	√	√	**Retained**
8.5 The child seldom expresses self or defends self.	√	√	√	√	√	√	√	√	**Retained**
(9) Excessive worrying									
9.1 The child fears of failing a test.	√	√	√	√	√	√	R	√	**Retained**
9.2 The child fears all the time that he's not doing the right thing.	√	√	√	√	√	√	R	√	**Retained**
9.3 The child fears being picked on by older students.	√	√	√	√	√	√	R	√	**Retained**
(10) Freezing up in social situations									
10.1 The child doesn't answer when being asked by someone or by his teacher during a recitation.	√	√	√	√	√	√	√	√	**Retained**

10.2 The child is immobile. He sticks to one place not noticeable by people.	√	x	√	√	√	√	√	√	**Retained**
10.3 The child stares vacantly as if he wants to forget thinking about stressful trauma or tries to deny stressful events.	x	x	√	x	√	√	√	√	**Retained**
(11) Hypervigilance									
11.1 The child is preoccupied with frightening images of monsters or other violent threatening figues.	√	√	√	√	√	√	√	√	**Retained**
11.2 The child unusually keeps his personal possessions safe.	√	√	√	√	√	√	√	√	**Retained**
(12) Humor difficulty									
12.1 The child seldom smiles or laughs with his classmates.	√	√	√	√	√	√	√	√	**Retained**
12.2 The child has grave solemn face almost all the time.	x	x	√	√	√	x	√	√	**Retained**
(13) Inability to Concentrate									
13.1 The child has difficulty listening to or carrying out instructions.	√	√	√	√	√	√	R	√	**Retained**
13.2 The child has difficulty organizing, conceptualizing and	√	√	√	√	√	√	R	√	**Retained**

verbalizing thoughts.									
13.3 The child flunks a test out of carelessness. He has messy paper and many errors in a work.	√	√	√	√	√	√	R	√	**Retained**
(14) Inability to relax									
14.1 The child wanders around the room.	√	x	√	√	√	√	R	√	**Retained**
14.2 The child cannot settle into a constructive play.	√	√	√	√	√	√	R	√	**Retained**
14.3 The child touches and disturbs toys and games.	√	x	√	√	√	√	R	√	**Retained**
(15) Incapacitated									
15.1 The child could not do his simple assignments without the assistance of parents.	√	x	√	√	√	√	R	√	**Retained**
15.2 The child often disturbs other students by leaving his seat to copy notes on the board.	√	x	√	x	√	√	R	√	**Retained**
15.3 The child often finds all tasks difficult and he sighs to show that he can't do it.	√	√	√	√	√	√	R	√	**Retained**
(16) Irritability									

16.1 The child quickly becomes angry when being asked for a favor.	√	x	√	√	√	√	R	√	**Retained**
16.2 The child is easily aggravated and prone to throwing tantrums.	√	√	√	√	√	√	R	√	**Retained**
(17) Withdrawn									
17.1 The child isolates self. He is always quiet.	√	√	√	√	√	√	R	√	**Retained**
17.2 The child appears tense, nervous and unhappy.	√	√	√	√	√	√	R	√	**Retained**
17.3 The child daydreams and concentrates his attention to inanimate object.	x	x	√	√	√	√	R	√	**Retained**
(18) Regression									
18.1 The child baby talks.	√	x	√	√	√	√	R	√	**Retained**
18.2 The child is thumb sucking.	√	x	√	√	√	√	R	√	**Retained**
18.3 The child is toileting.	x	x	√	√	√	x	R	√	**Revised**
(19) Refusal to go to school									
19.1 The child pretends to be sick to stay at home.	√	√	√	√	√	√	R	√	**Retained**
19.2 The child refuses to talk about schooling.	√	√	√	√	√	√	R	√	**Retained**
(20) Doing self-comforting behaviors									

20.1 The child rocks his chair in the classroom always.	√	√	√	√	√	√	R	√	**Retained**
20.2 The child is rubbing, patting or tracing on something.	√	x	√	√	√	√	R	√	**Retained**
(21) Obsessive									
21.1 The child frequently hand washes.	√	√	√	√	√	√	R	√	**Retained**
21.2 The child is constantly touching and fixing his clothes, his hair, his things or the books on the shelf in the classroom.	√	√	√	√	√	√	R	√	**Retained**
21.3 The child repeats a phrase or a song over and over again.	x	x	√	√	√	√	R	√	**Retained**
(22) Stuttering									
22.1 The child uses disfluent speech. The child cannot speak in a straight sentence. He repeats a syllable(s) or word.	√	√	√	√	√	√	R	√	**Retained**
22.2 The child speaks with prolongation of sounds and blocks in between.	√	√	√	√	√	√	R	√	**Retained**
(23) Truancy									

23.1 The child escapes school without permission.	√	√	√	√	√	√	R	√	**Retained**
23.2 There is a persistent non-attendance in school of a child.	√	√	√	√	√	√	R	√	**Retained**
(24) emotionally unstable									
24.1 The child views life as negative.	√	√	√	√	√	√	R	√	**Retained**
24.2 The child appears agitated, worried or preoccupied	√	√	√	√	√	√	R	√	**Retained**
24.3 The child is too happy yesterday, too sad today and too angry the next day.	√	x	√	√	√	√	R	√	**Retained**
(25) Unpredictability									
25.1 The child is quick to react without much pause to think correctly and he's not concerned about the possible consequences.	√	√	√	√	x	√	R	√	**Retained**
25.2 The child could have different or the same reaction in a situation that teachers or parents cannot foretell.	√	x	√	√	√	√	R	√	**Retained**
25.3The child moves carelessly and he is prone to accidents.	x	√	√	x	x	√	R	√	**Revised**
(26) Whining									

26.1 The child cries in a self-pitying way without realizing the noise she makes.	√	√	√	√	√	√	R	√	**Retained**
26.2 The child complains with a high-pitched sound.	√	x	√	√	√	√	R	√	**Retained**
(27) Fidgety									
27.1 The child is constantly moving and cannot sit still in one place or in a span of time.	x	√	√	√	√	√	R	√	**Retained**
27.2 The child complains about his hair, clothes, assignments and to almost everything.	x	x	√	√	√	√	R	√	**Retained**
(28) Rebellious									
28.1 The child purposely breaks school or house rules.	√	√	√	√	√	√	R	√	**Retained**
28.2 The child is impolite and rude.	√	√	√	√	√	√	R	√	**Retained**
28.3 The child struggles against authorities.	√	√	√	√	√	√	R	√	**Retained**
28.4 The child lies, cheats and steals.	√	√	√	√	√	√	R	√	**Retained**
(29) Somatic Symptoms with no organic reason									
29.1 The child recurrently complains	√	√	√	√	√	√	R	√	**Retained**

that he has toothache, headache, stomachache, etc.									
29.2 The child frequently vomits with no apparent cause.	√	x	√	√	√	√	R	√	**Retained**
(30) Uneasy mingling with others									
30.1 The child is unable to carry out sustained play with classmates.	√	x	√	√	√	√	R	√	**Retained**
30.2 The child has difficulty on trusting others when their possessions are borrowed.	√	√	√	√	√	√	R	√	**Retained**
(31) Sleep Problems									
31.1 The child cannot sleep or has insomnia.	√	x	√	√	√	√	R	√	**Retained**
31.2 The child has nightmares.	√	√	√	√	√	√	R	√	**Retained**
31.3 The child has constant need to sleep although physically well.	√	x	√	√	√	√	R	√	**Retained**
(32) Insecurity									
32.1 The child has soiled clothes and unkempt hair and body all the time.	√	x	√	x	√	√	R	√	**Retained**
32.2 The child doesn't want to undress during PE class that he fears being looked upon or being compared	√	x	√	√	√	√	R	√	**Retained**

to others' physical attributes.									
32.3 The child relies on classmates because he believes that his knowledge or effort is not enough, useless or worthless.	√	√	√	√	√	√	R	√	**Retained**
(33) Lack of Interest in school									
33.1 The child doesn't engage in school activities and trips even if its required or even if the teacher gives incentives.	√	√	√	√	√	√	R	√	**Retained**
33.2 The child is inattentive that he always asks about the task or activity in the end.	√	x	√	√	√	√	R	√	**Retained**

Legend:
√-means that the statement is a behavior of that child stress indicator
x-means that the statement is not a behavior of that child stress indicator
D-means the statement should be deleted
R-means that the statement should be improved/revised according to the validator.
E1-E8 are validators or experts
Note:
Retained items gets 5 and up number of checks.
Revised items gets 4 checks.
Rejected items gets 0 to 3 checks
Summary:
88 out of 91 items were retained
3 out of 91 items needs revision.
0 out of 91 needs to be rejected.

PHILIPPINE NORMAL UNIVERSITY

The National Center for Teacher Education

07 February 2015

CERTIFICATION

This certifies that I have edited the seminar paper titled, "Development of a Child Stress Checklist" by Ms. Jenny Lynn F. Cruz, Masters of Education in Educational Measurement and Evaluation student.

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CERTIFICATION

This is to certify that the special project of MS. JENNY LYNN F. CRUZ entitled "Development of A child Stress Checklist" **passed** the authenticity test performed by the office on March 2, 2015 using the Anti-Plagiarism software of the university.

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