

Traumatic Events Screening Tool- Parent/Guardian Version

Child Name _____ Gender M__ F__ Date ____ / ____ / ____

1.1 Has your child ever been in a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where s/he was burned, a near drowning or a severe sports injury)	Yes ___ No ___ Unsure ___
1.2 Has your child ever seen a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where s/he was burned, a near drowning or a severe sports injury)	Yes ___ No ___ Unsure ___
1.3 Has your child ever been in a serious natural disaster where someone could have been (or actually was) severely injured or died? (like a tornado, hurricane, fire or earthquake)	Yes ___ No ___ Unsure ___
1.4a Has your child ever experienced the serious illness or injury of someone close to him/her?	Yes ___ No ___ Unsure ___
1.4b Has your child ever experienced the death of someone close to him/her?	Yes ___ No ___ Unsure ___
1.5 Has your child ever undergone any serious medical procedure or had a life-threatening illness? Or been treated by a paramedic, seen in the emergency room or hospitalized overnight?	Yes ___ No ___ Unsure ___
1.6 Has your child ever been separated from you or another person who your child depend on for love or security for more than a few days OR under very stressful circumstances? For example due to foster care, immigration, war, major illness or hospitalization.	Yes ___ No ___ Unsure ___
1.7 Has someone close to your child ever attempted suicide or harmed him or herself?	Yes ___ No ___ Unsure ___
2.1 Has someone ever physically assaulted your child, like hitting, pushing, choking, shaking, biting or burning? Or punished your child and caused physical injury or bruises? Or attacked your child with a gun, knife or other weapon? (This could be done by someone in the family or someone not in your child's family).	Yes ___ No ___ Unsure ___
2.2 Has someone ever directly threatened your child with physical harm?	Yes ___ No ___ Unsure ___
2.3 Has someone ever mugged your child? Or has your child been present when a family member, other caregiver or friend was mugged?	Yes ___ No ___ Unsure ___
2.4 Has anyone ever kidnapped your child? (including a parent or relative) Or has anyone ever kidnapped someone close to your child?	Yes ___ No ___ Unsure ___
2.5 Has your child ever been attacked by a dog or other animal?	Yes ___ No ___ Unsure ___
3.1 Has your child ever seen, heard or heard about people <i>in your family</i> physically fighting, hitting, slapping, kicking or pushing each other? Or shooting with a gun or stabbing or using any other kind of dangerous weapon?	Yes ___ No ___ Unsure ___
3.2 Has your child ever seen or heard people <i>in your family</i> threaten to seriously harm each other?	Yes ___ No ___

	Unsure ___
3.3 Has your child ever known or seen that a family member was arrested, jailed imprisoned or taken away (like by police, soldiers or other authorities)?	Yes ___ No ___ Unsure ___
4.1 Has your child ever seen or heard people <i>outside your family</i> fighting, hitting, pushing or attacking each other? Or seen or heard about violence such as beatings, shootings or muggings that occurred in settings that are important to your child, such as school, your neighborhood or the neighborhood of someone important to your child?	Yes ___ No ___ Unsure ___
4.2 Has your child ever been directly exposed to war, armed conflict or terrorism?	Yes ___ No ___ Unsure ___
4.3 Has your child ever seen or heard acts of war or terrorism on the television or radio?	Yes ___ No ___ Unsure ___
5.1 Has someone ever made your child see or do something sexual (like touching in a sexual way, exposing self or masturbating in front of the child, engaging in sexual intercourse)?	Yes ___ No ___ Unsure ___
5.2 Has your child ever been present when someone was being forced to engage in any sort of sexual activity?	Yes ___ No ___ Unsure ___
6.1 Has your child ever repeatedly been told that s/he was no good, yelled at in a scary way or had someone threaten to abandon, leave or send him/her away?	Yes ___ No ___ Unsure ___
6.2 Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for him/herself or being left with a caregiver who was abusing drugs)?	Yes ___ No ___ Unsure ___
7 Have there been other stressful things that have happened to your child?	Yes ___ No ___ Unsure ___

- A. Which of the traumas (bad things) that we just talked about was the most frightening or bothers your child most? _____
- B. Since _____ happened, does your child ever feel as if it is happening all over again; or does s/he think about or have dreams about or play games about it; does s/he feel scared or upset when s/he remembers what happened or sees/hears something that reminds him/her of it?
- C. Since _____ happened, does your child try not to think about what happened or stay away from people or things that remind him/her of what happened; does s/he not want to do the things s/he used to like to do or spend time with the people that s/he used to feel close to?
- D. Since _____ happened, does your child have trouble sleeping or paying attention; does s/he feel angry more often or feel jumpy?
- E. Since _____ happened, is your child having problems at home, in school or with friends?

If parent responds 'yes' to Questions B, C, D, or E - consider full trauma evaluation.