

Trauma Screening Tool – Self-Report

Patient Name _____ Clinician _____
 Patient DOB: ___/___/___ Gender M F Date ___/___/___

1.1 Have you 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 you were burned, a near drowning or a severe sports injury)	Yes ___ No ___ Unsure ___
1.2 Have you 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 someone was burned, a near drowning or a severe sports injury)	Yes ___ No ___ Unsure ___
1.3 Have you 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 Have you ever experienced the serious illness or injury of someone close to you?	Yes ___ No ___ Unsure ___
1.4b Have you ever experienced the death of someone close to you?	Yes ___ No ___ Unsure ___
1.5 Have you 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 Have you ever been separated from your parents or another person who you 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 you ever attempted suicide or harmed him or herself?	Yes ___ No ___ Unsure ___
2.1 Has someone ever physically assaulted you, like hitting, pushing, choking, shaking, biting or burning? Or punished you and caused physical injury or bruises? Or attacked you with a gun, knife or other weapon? (This could be done by someone in the family or someone not in your family).	Yes ___ No ___ Unsure ___
2.2 Has someone ever directly threatened you with physical harm?	Yes ___ No ___ Unsure ___
2.3 Has someone ever mugged you? Or have you been present when a family member, other caregiver or friend was mugged?	Yes ___ No ___ Unsure ___
2.4 Has anyone ever kidnapped you? (including a parent or relative) Or has anyone ever kidnapped someone close to you?	Yes ___ No ___ Unsure ___
2.5 Have you ever been attacked by a dog or other animal?	Yes ___ No ___ Unsure ___
3.1 Have you 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 Have you ever seen or heard people <i>in your family</i> threaten to seriously harm each other?	Yes ___ No ___ Unsure ___

3.3 Have you 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 Have you 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 you, such as school, your neighborhood or the neighborhood of someone important to you?	Yes ___ No ___ Unsure ___
4.2 Have you ever been directly exposed to war, armed conflict or terrorism?	Yes ___ No ___ Unsure ___
4.3 Have you ever seen or heard acts of war or terrorism on the television or radio?	Yes ___ No ___ Unsure ___
5.1 Has someone ever made you see or do something sexual (like touching in a sexual way, exposing self or masturbating in front of you, engaging in sexual intercourse)?	Yes ___ No ___ Unsure ___
5.2 Have you ever been present when someone was being forced to engage in any sort of sexual activity?	Yes ___ No ___ Unsure ___
6.1 Have you ever repeatedly been told that you were no good, yelled at in a scary way or had someone threaten to abandon, leave or send you away?	Yes ___ No ___ Unsure ___
6.2 Have you ever gone through a period when you lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when you were too young to care for yourself or being left with a caregiver who was abusing drugs)?	Yes ___ No ___ Unsure ___
7 Have there been other stressful things that have happened to you?	Yes ___ No ___ Unsure ___
<i>If the child or adolescent does not endorse any items, stop here. If any items are endorsed, continue with the remainder of the questions.</i>	
A. Which of the traumas (bad things) that we just talked about was the most frightening or bothers you most? _____	
B. Since _____ happened, do you ever feel as if it is happening all over again; or do you think about or have dreams about or play games about it; do you feel scared or upset when you remember what happened or see/hear something that reminds you of it?	Yes ___ No ___ Unsure ___
C. . Since _____ happened, do you try not to think about what happened or stay away from people or things that remind you of what happened; do you not want to do the things you used to like to do or spend time with the people that you used to feel close to?	Yes ___ No ___ Unsure ___
D. Since _____ happened, do you have trouble sleeping or paying attention; do you feel angry more often or feel jumpy?	Yes ___ No ___ Unsure ___
E. Since _____ happened, are you having problems at home, in school or with friends?	Yes ___ No ___ Unsure ___
<i>If the child or adolescent answers yes or unsure for either B, C, D or E then consider a trauma consult.</i>	