Trauma Screen – Caregiver Completed

Name___________________________ Date______________

Stressful or scary events happen to many kids. Below is a list of stressful and scary events that sometimes happen. Please answer to the best of your knowledge. Mark YES if it happened to your child. Mark No if it didn’t happen to your child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. □ Yes □ No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury. □ Yes □ No
3. Robbed by threat, force or weapon. □ Yes □ No
4. Slapped, punched, or beat up in the family. □ Yes □ No
5. Slapped, punched, or beat up by someone not in the family. □ Yes □ No
6. Seeing someone in the family slapped, punched or beat up. □ Yes □ No
7. Seeing someone in the community slapped, punched or beat up. □ Yes □ No
8. Someone older touching your child’s private parts when they shouldn’t. □ Yes □ No
9. Someone forcing or pressuring sex, or when your child couldn’t say no. □ Yes □ No
10. Someone close to your child dying suddenly or violently. □ Yes □ No
11. Attacked, stabbed, shot at or hurt badly. □ Yes □ No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. □ Yes □ No
13. Stressful or scary medical procedure. □ Yes □ No
14. Being around war. □ Yes □ No
15. Other stressful or scary event?
   Describe: ________________________________ □ Yes □ No

Which one is bothering him/her the most now? ______________

If you answered NO to all of the above questions, STOP
If you answered YES to any of the above questions, please complete the rest of this form.

When the event happened, did your child feel?

Afraid s/he would die or be hurt badly. □ Yes □ No
Afraid someone else would die or be hurt badly. □ Yes □ No
Helpless to do anything. □ Yes □ No
Ashamed or disgusted. □ Yes □ No