

## Trauma Screen

Name \_\_\_\_\_

Date \_\_\_\_\_

**Stressful or scary events happen to many kids. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.**

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 your family.  Yes  No
5. Slapped, punched, or beat up by someone not in your family.  Yes  No
6. Seeing someone in your 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 private parts when they shouldn't.  Yes  No
9. Someone forcing or pressuring sex, or when you couldn't say no.  Yes  No
10. Someone close to you 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?  Yes  No

Describe: \_\_\_\_\_

Which one is bothering you 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 you feel?

Afraid I 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