

## 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?  Yes  No

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

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