

## Adult Trauma Screen

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the individual's functioning and needs.

*Note: Endorsing exposure items does not necessarily mean these events have been proven or substantiated; it is for screening purposes only.*

**1. Are you aware of or do you suspect the individual had experienced any of the following as a child (under the age of 18):**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical abuse   | <input type="checkbox"/> Trafficking including forced prostitution  |
| <input type="checkbox"/> Neglectful home environment                              | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy  |
| <input type="checkbox"/> Emotional abuse  | <input type="checkbox"/> Lengthy or multiple separations from primary attachments - parent, other caregivers, siblings or close friends |
| <input type="checkbox"/> Exposure to domestic violence                            | <input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential)   |
| <input type="checkbox"/> Exposure to other chronic violence                       | <input type="checkbox"/> Loss of significant people, places. etc.   |
| <input type="checkbox"/> Sexual abuse or exposure                                 | <input type="checkbox"/> Frequent/multiple moves; homelessness  |
| <input type="checkbox"/> Parental substance abuse                                 | <input type="checkbox"/> International adoption, immigration  |
| <input type="checkbox"/> Impaired parenting (mental illness)                      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Exposure to drug activity <i>aside from parental use</i> |   |
| <input type="checkbox"/> Displacement/Refugee camps, war zones                    |   |
| <input type="checkbox"/> Natural disaster or mass trauma                          |   |

**2. Are you aware of or do you suspect the individual has experienced any of the following as an adult (over the age of 18):**

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic violence/assault (DV)              | <input type="checkbox"/> Incarceration/institutionalization      |
| <input type="checkbox"/> Physical abuse/assault <i>other than DV</i> | <input type="checkbox"/> Military trauma                         |
| <input type="checkbox"/> Emotional abuse by partner                  | <input type="checkbox"/> Loss of significant people, places etc. |
| <input type="checkbox"/> Trafficking and/or prostitution             | <input type="checkbox"/> Frequent/multiple moves; homelessness   |
| <input type="checkbox"/> Sexual assault (not included above)         | <input type="checkbox"/> Natural disaster or mass trauma         |
| <input type="checkbox"/> Displacement/Refugee camps, war zones       | <input type="checkbox"/> Other _____                             |

**3. Does the individual show any of these behaviors:**

- Minimizes significance of problems and/or shows limited insight
- Persistent distrust of others; suspicious
- Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
- Current substance abuse, or history of chronic substance abuse
- Unpredictable, explosive responses to events
- Repeatedly victimized, or perceives self as being victimized or taken advantage of
- Frequent lying, denies things known to be true
- Difficulty with memory, organization
- Sleep problems
- Impulsive, rash behaviors and decisions
- Other \_\_\_\_\_

**4. Does the individual exhibit any of the following emotions or moods:**

- Excessive mood swings
- Flat and unemotional; detached
- Emotion doesn't fit situation (too easily crying; laughing at sad things, etc.)
- Sudden changes/shifts in mannerisms and/or level of maturity (like different people)
- Jumpy, nervous, worried, and/or fearful
- Negative, pessimistic
- Other \_\_\_\_\_

**5. Does the individual have any of the following life problems:**

- Legal problems – e.g., court involvement, suspended license, warrants, owes past child support
- Two or more criminal convictions as an adult
- History of truancy/behavior problems in school/dropping out of high school
- Difficulty keeping a job
- Multiple previous diagnoses as child and/or adult (ADHD, oppositional disorder, bipolar etc.)
- Chronic health problems – e.g., obesity, diabetes, heart problems, high blood pressure
- Frequently sick and/or complains of physical issues, like aches and pains
- Began using substances before age of 14
- Poor physical self-care and/or poor living conditions
- Regular smoking/tobacco use; chronic poor health habits
- Other \_\_\_\_\_

**6. Does the individual have any of these relationship issues:**

- Lack of appropriate boundaries in relationships – physical touch, poor sense of privacy
- Frequent changes in intimate partners
- Quick to bring others into their life (gets too close to fast), not just sexually
- Repeatedly gets caught up in “drama” with family/friends; frequent conflicts
- Lack of contact with family, or very stressed/strained relationship with family
- Difficulty making and/or keeping friends
- Friends/support have history of criminal, substance abuse, and/or child welfare involvement
- Other \_\_\_\_\_

**Please indicate the following for the person about whom the screen was completed:**

Age \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

County of Residence \_\_\_\_\_

\* \* \* \* \*

**Who completed this form? (Agency/position only):**

\_\_\_\_\_

**Ages 6–18**

**CTAC Trauma Screening Checklist: Identifying Children at Risk**

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.

*Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.*

**1. Are you aware of or do you suspect the child has experienced any of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical abuse   | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs                                    |
| <input type="checkbox"/> Neglectful home environment                              | <input type="checkbox"/> or maternal stress during pregnancy                                    |
| <input type="checkbox"/> Emotional abuse  | <input type="checkbox"/> Lengthy or multiple separations from parent                            |
| <input type="checkbox"/> Exposure to domestic violence                            | <input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to other chronic violence                       | <input type="checkbox"/> Loss of significant people, places etc.                                |
| <input type="checkbox"/> Sexual abuse or exposure                                 | <input type="checkbox"/> Frequent/multiple moves; homelessness                                  |
| <input type="checkbox"/> Parental substance abuse                                 | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Impaired parenting (mental illness)                      |   |
| <input type="checkbox"/> Exposure to drug activity <i>aside from parental use</i> |   |

**Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.**

**2. Does the child show any of these behaviors:**

- |  |   |
|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm              | <input type="checkbox"/> Excessively shy                                    |
| <input type="checkbox"/> Excessive aggression or violence towards others | <input type="checkbox"/> Oppositional and/or defiant behavior               |
| <input type="checkbox"/> Explosive behavior (Going from 0-100 instantly) | <input type="checkbox"/> Sexual behaviors not typical for age               |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention     | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting     |
|  | <input type="checkbox"/> Social/developmental delays in comparison to peers |
|  | <input type="checkbox"/> Other _____  |

**3. Does the child exhibit any of the following emotions or moods:**

- |  |   |
|--|---|
| <input type="checkbox"/> Excessive mood swings   | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent, intense anger   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy any activities, depressed mood |   |

**4. Does the child have any of the following problems in school:**

- |   |  |
|---|--|
| <input type="checkbox"/> Low or failing grades            | <input type="checkbox"/> Difficulty with authority/frequent behavior referrals |
| <input type="checkbox"/> Attention and/or memory problems | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Sudden change in performance     |  |

**5. Does the child have any relational/attachment difficulties?**

- |   |
|---|
| <input type="checkbox"/> Lack of eye contact, or avoids eye contact       |
| <input type="checkbox"/> Lack of appropriate boundaries in relationships  |
| <input type="checkbox"/> Does not seek adult help when hurt or frightened |
| <input type="checkbox"/> Other _____                                      |

**Child's Name or Identifier:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**County/Site:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Ages 0-5**

**CTAC Trauma Screening Checklist: Identifying Children at Risk**

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**1. Are you aware of or do you suspect the child has experienced any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Physical abuse                              | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs     |
| <input type="checkbox"/> Neglectful home environment                 | <input type="checkbox"/> or maternal stress during pregnancy     |
| <input type="checkbox"/> Emotional abuse                             | <input type="checkbox"/> Lengthy or multiple separations from    |
| <input type="checkbox"/> Exposure to domestic violence               | <input type="checkbox"/> parent                                  |
| <input type="checkbox"/> Exposure to other chronic violence          | <input type="checkbox"/> Placement outside of the home (foster   |
| <input type="checkbox"/> Sexual abuse or exposure                    | <input type="checkbox"/> care, kinship care, residential)        |
| <input type="checkbox"/> Parental substance abuse                    | <input type="checkbox"/> Loss of significant people, places etc. |
| <input type="checkbox"/> Impaired parenting (mental illness)         | <input type="checkbox"/> Frequent/multiple moves; homelessness   |
| <input type="checkbox"/> Exposure to drug activity <i>aside from</i> | <input type="checkbox"/> Other _____                             |
| <i>parental use</i>  |  |

Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.

**2. Does the child show any of these behaviors:**

- |   |   |
|---|---|
| <input type="checkbox"/> Aggression towards self; self-harm   | <input type="checkbox"/> Sexual behaviors not typical for age           |
| <input type="checkbox"/> Excessive aggression or violence     | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting |
| <input type="checkbox"/> towards others                       | <input type="checkbox"/> Social/developmental delays in comparison to   |
| <input type="checkbox"/> Explosive behavior (Going from       | <input type="checkbox"/> peers  |
| <input type="checkbox"/> 0-100 instantly)                     | <input type="checkbox"/> Repetitive violent and/or sexual play (or      |
| <input type="checkbox"/> Hyperactivity, distractibility,      | <input type="checkbox"/> maltreatment themes)                           |
| <input type="checkbox"/> inattention                          | <input type="checkbox"/> Unpredictable/sudden changes in behavior       |
| <input type="checkbox"/> Excessively shy                      | <input type="checkbox"/> (i.e., attention, play)                        |
| <input type="checkbox"/> Oppositional and/or defiant behavior | <input type="checkbox"/> Other _____                                    |

**3. Does the child exhibit any of the following emotions or moods:**

- |   |   |
|---|---|
| <input type="checkbox"/> Excessive mood swings                  | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally |
| <input type="checkbox"/> Frequent, intense anger                | <input type="checkbox"/> numb or "zoned out"                            |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> any activities, depressed mood         |   |

**4. Does the child have any of the following relational/attachment difficulties:**

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of eye contact, or avoids eye     | <input type="checkbox"/> Doesn't reciprocate when hugged, smiled at,   |
| <input type="checkbox"/> contact                                | <input type="checkbox"/> spoken to                                     |
| <input type="checkbox"/> Sad or empty eyed appearance           | <input type="checkbox"/> Doesn't seek comfort when hurt or frightened; |
| <input type="checkbox"/> Overly friendly with strangers         | <input type="checkbox"/> shakes it off, or doesn't seem to feel it     |
| <input type="checkbox"/> (lack of appropriate stranger anxiety) | <input type="checkbox"/> Has difficulty in preschool or daycare        |
| <input type="checkbox"/> Vacillation between clinginess and     | <input type="checkbox"/> Other _____                                   |
| <input type="checkbox"/> disengagement and/or aggression        |  |

**Child's Name or Identifier:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**County/Site:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date:** \_\_\_\_\_

