### General Trauma Information

Please complete the following based on the client's trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Has child experienced this trauma?</th>
<th>When was this type of trauma experienced?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Answer all Trauma Types)</td>
<td>Age in years: (Check all ages that apply)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 No □ Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>1. Sexual maltreatment/abuse:</td>
<td></td>
<td>1 Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>(Actual or attempted sexual molestation, exploitation, or coercion by a caregiver)</td>
<td></td>
<td>2 Suspected □ Unknown</td>
</tr>
<tr>
<td>2. Sexual assault/rape:</td>
<td></td>
<td>99 Unknown</td>
</tr>
<tr>
<td>(Actual or attempted sexual molestation, exploitation, or coercion not by a caregiver and not recorded as sexual abuse)</td>
<td></td>
<td>0 No □ Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>3. Physical maltreatment/abuse:</td>
<td></td>
<td>1 Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>(Actual or attempted infliction of physical pain or bodily injury by a caregiver)</td>
<td></td>
<td>2 Suspected □ Unknown</td>
</tr>
<tr>
<td>4. Physical assault:</td>
<td></td>
<td>99 Unknown</td>
</tr>
<tr>
<td>(Actual or attempted infliction of physical pain or bodily injury not by a caregiver and not recorded as physical abuse)</td>
<td></td>
<td>0 No □ Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>5. Emotional abuse/Psychological Maltreatment:</td>
<td></td>
<td>1 Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>(Emotional abuse, verbal abuse, excessive demands, emotional neglect)</td>
<td></td>
<td>2 Suspected □ Unknown</td>
</tr>
<tr>
<td>6. Neglect:</td>
<td></td>
<td>99 Unknown</td>
</tr>
<tr>
<td>(Physical, medical, or educational neglect)</td>
<td></td>
<td>0 No □ Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>7. Domestic Violence:</td>
<td></td>
<td>1 Yes □ Suspected □ Unknown</td>
</tr>
<tr>
<td>(Exposure to physical, sexual, and/or emotional abuse directed at adult caregiver(s) in the home)</td>
<td></td>
<td>2 Suspected □ Unknown</td>
</tr>
</tbody>
</table>
## Core Clinical Characteristics
### (General Trauma Information Form)

Please complete the following based on the client's trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Has child experienced this trauma?</th>
<th>When was this type of trauma experienced?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Check all that apply)</td>
<td>Age in years: (Check all ages that apply)</td>
</tr>
</tbody>
</table>

### 8. War/Terrorism/Political violence inside the U.S.:
(Exposure to any of these events inside the U.S.)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **8.**      |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 9. War/Terrorism/Political violence outside the U.S.:
(Exposure to any of these events outside of the U.S.)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **9.**      |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 10. Illness/Medical Trauma:
(Life threatening or extremely painful illness or medical procedure)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **10.**     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 11. Serious injury/Accident:
(Unintentional accident or injury)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **11.**     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 12. Natural disaster:
(Major accident or disaster that is the result of a natural event)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **12.**     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 13. Kidnapping:
(Unlawful seizure or detention against the child's will)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **13.**     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |

### 14. Traumatic loss or bereavement:
(Death or separation of a primary caregiver or sibling; the unexpected, or premature death of a close relative or close friend)
- **No**
- **Yes**
- **Suspected**
- **Unknown**

| Age in years | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-------|
| **14.**     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |       |
### General Trauma Information

Please complete the following based on the client's trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

<table>
<thead>
<tr>
<th>15. Forced displacement:</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>9 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Forced relocation due to political reasons)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Impaired Caregiver:</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>99 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(History of exposure to caretaker depression, other medical illness, or alcohol/drug abuse)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Extreme interpersonal violence (not reported elsewhere):</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>99 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., Homicide/suicide)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Community violence (not reported elsewhere):</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>99 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., Gang-related violence, neighborhood violence)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. School violence (not reported elsewhere):</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>99 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., School shooting, bullying, classmate suicide)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Other Trauma (not reported elsewhere)? Please Specify:</th>
<th>0 No</th>
<th>1 Yes</th>
<th>2 Suspected</th>
<th>9 Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### General Trauma Information

**21. Primary focus of current treatment? (Select only one)**

- [ ] Sexual maltreatment/abuse
- [ ] Sexual assault/ rape
- [ ] Physical maltreatment/abuse
- [ ] Physical assault
- [ ] Emotional abuse/Psychological Maltreatment
- [ ] Neglect
- [ ] Domestic Violence
- [ ] War/Terrorism/Political violence inside the U.S.
- [ ] War/Terrorism /Political violence outside the U.S
- [ ] Illness/Medical Trauma
- [ ] Serious injury/Accident
- [ ] Natural Disaster
- [ ] Kidnapping
- [ ] Traumatic loss or bereavement
- [ ] Forced Displacement
- [ ] Impaired Caregiver
- [ ] Extreme interpersonal violence (not reported elsewhere)
- [ ] Community Violence (not reported elsewhere)
- [ ] School Violence (not reported elsewhere)
- [ ] Other Trauma (not reported elsewhere)