

NCTSN Trauma Screening Checklist

Ages 0 – 5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child’s functioning and needs.

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

- Known or suspected exposure to drug activity *aside from parental use*
- Known or suspected exposure to any other violence *not already identified*
- Impaired Parenting (i.e. Parent Mental Illness or Parental substance abuse)
- Multiple separations from parent/ caregiver, including out of home placement (s)
- Frequent and multiple moves or homelessness
- Suspected neglectful home environment
- Suspected or known Prenatal Exposure to Alcohol/Drugs or Maternal Stress
- Physical abuse
- Emotional abuse
- Exposure to domestic violence
- Sexual abuse or exposure etc. Significant loss of people, places
- Hospitalization (s) Age? Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:

- Excessive aggression or violence towards self or others
- Repetitive violent and/or sexual play (or maltreatment themes)
- Explosive behavior (excessive and prolonged tantruming)
- Disorganized (sudden changes/extremes) in behavioral states (i.e. attention, play)
- Very withdrawn or excessively shy
- Bossy and demanding behavior with adults and peers
- Sexual behaviors not typical for child’s age
- Difficulty with sleeping or eating
- Regressed behaviors (i.e. toileting, play)
- Lags in social/developmental skills Other _____

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

- Chronic sadness, doesn’t seem to enjoy any activities.
- Very flat affect or unresponsive behavior
- Quick, explosive anger
- Other _____

4. Is the child having relational and/or attachment difficulties?

- Lack of eye contact
- Sad or empty eyed appearance
- Overly friendly with strangers (lack of appropriate stranger anxiety)
- Vacillation between clinginess and disengagement and/or aggression
- Failure to reciprocate (i.e. hugs, smiles, vocalizations, play)
- Failure to seek comfort when hurt or frightened
- Other _____

When checklist is completed, please return to New Oakland Family Centers or other mental health professional for guidance about resources that may be available.

Child’s first name: _____ Age: _____ Gender: _____
 County/site: _____ Date: _____

NCTSN Trauma Screening Checklist

Ages 6 – 18

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child’s functioning and needs.

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

- Known or suspected exposure to drug activity *aside from parental use*
- Known or suspected exposure to any other violence *not already identified*
- Impaired Parenting (i.e. Parental alcohol/substance abuse or Mental Illness)
- Multiple separations from parent or caregiver
- Frequent and multiple moves or homelessness
- Physical abuse
- Suspected neglectful home environment
- Emotional abuse
- Exposure to domestic violence
- Sexual abuse or exposure
- Bullying
- Prenatal Exposure to Alcohol/Drugs or Maternal Stress
- Out of Home Placement(s) including Hospitalization/Foster Care Placement
- Loss of Significant people, places etc.
- Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:

- Excessive aggression or violence towards self
- Excessive aggression or violence towards others
- Explosive behavior (Going from 0-100 instantly)
- Hyperactivity, distractibility, inattention
- Very withdrawn or excessively shy
- Oppositional and/or defiant behavior
- Sexual behaviors not typical for child’s age
- Peculiar patterns of forgetfulness
- Inconsistency in skills
- Other _____

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

- Excessive mood swings
- Chronic sadness, doesn’t seem to enjoy any activities.
- Very flat affect or withdrawn behavior
- Quick, explosive anger
- Other _____

4. Is the child having problems in school?

- Low or failing grades
- Inconsistent or sudden changes in performance
- Difficulty with authority
- Attention and/or memory problems,
- Other _____

When checklist is completed, please return to New Oakland Family Centers for guidance about resources that may be available

Child’s first name: _____ Age: _____ Gender: _____

County/site: _____ Date: _____