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## Core Clinical Characteristics (General Trauma Information Form)

Child ID Number:     -   -     Child's Initials:      

Center ID
Subcenter ID
Child ID
First
Middle
Last

### 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.**

Trauma Type	Has child experienced this trauma? (Answer all Trauma Types)	When was this type of trauma experienced?																			
		Age in years: (Check all ages that apply)																			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unknown
<b>1. Sexual maltreatment/abuse:</b> (Actual or attempted sexual molestation, exploitation, or coercion by a caregiver)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>2. Sexual assault/rape:</b> (Actual or attempted sexual molestation, exploitation, or coercion not by a caregiver and not recorded as sexual abuse)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>3. Physical maltreatment/abuse:</b> (Actual or attempted infliction of physical pain or bodily injury by a caregiver)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>4. Physical assault:</b> (Actual or attempted infliction of physical pain or bodily injury not by a caregiver and not recorded as physical abuse )	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				

This form is part of the Core Data Set designed for the National Child Traumatic Stress Initiative funded by SAMHSA based on NCTSN-General Information Form Trauma-CRF  
 Version 5.0 20080206.

Child ID Number:     -   -

Center ID                      Subcenter ID                      Child ID

**Core Clinical Characteristics  
(General Trauma Information Form)**

**GENERAL TRAUMA INFORMATION (CONTINUED)**

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

Trauma Type	Has child experienced this trauma? (Answer all Trauma Types)	When was this type of trauma experienced?																			
		Age in years: (Check all ages that apply)																			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unknown
<b>5. Emotional abuse/Psychological Maltreatment:</b> (Emotional abuse, verbal abuse, excessive demands, emotional neglect)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>6. Neglect:</b> (Physical, medical, or educational neglect)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>7. Domestic Violence:</b> (Exposure to physical, sexual, and/or emotional abuse directed at adult caregiver(s) in the home)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>8. War/Terrorism/Political violence inside the U.S.:</b> (Exposure to any of these events inside the U.S.)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>9. War/Terrorism/Political violence outside the U.S.:</b> (Exposure to any of these events outside of the U.S.)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>10. Illness/Medical Trauma:</b> (Life threatening or extremely painful illness or medical procedure)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>11. Serious injury/Accident:</b> (Unintentional accident or injury)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				

**GENERAL TRAUMA INFORMATION (CONTINUED)**

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

Trauma Type	Has child experienced this trauma? (Answer all Trauma Types)	When was this type of trauma experienced?																			
		Age in years: (Check all ages that apply)																			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unknown
<b>12. Natural disaster:</b> (Major accident or disaster that is the result of a natural event)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>13. Kidnapping:</b> (Unlawful seizure or detention against the child's will)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>14. Traumatic loss or bereavement:</b> (Death or separation of a primary caregiver or sibling; the unexpected, or premature death of a close relative or close friend):	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>15. Forced displacement:</b> (Forced relocation due to political reasons)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>16. Impaired Caregiver:</b> (History of exposure to caretaker depression, other medical illness, or alcohol/drug abuse)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>17. Extreme interpersonal violence (not reported elsewhere):</b> (e.g., Homicide/suicide)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>18. Community violence (not reported elsewhere):</b> (e.g., Gang-related violence, neighborhood violence)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				

Child ID Number:     -   -

Center ID                      Subcenter ID                      Child ID

**Core Clinical Characteristics  
(General Trauma Information Form)**

**GENERAL TRAUMA INFORMATION (CONTINUED)**

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

Trauma Type	Has child experienced this trauma? (Answer all Trauma Types)	When was this type of trauma experienced?																			
		Age in years: (Check all ages that apply)																			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Unknown
<b>19. School violence (not reported elsewhere):</b> (e.g., School shooting, bullying, classmate suicide)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
<b>20. Other Trauma (not reported elsewhere)?</b> Please Specify: _____	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				

Child ID Number:     -   -       
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(General Trauma Information Form)**

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**GENERAL TRAUMA INFORMATION (CONTINUED)**

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

- 1 = Sexual maltreatment/abuse
- 2 = Sexual assault/rape
- 3 = Physical maltreatment/abuse
- 4 = Physical assault
- 5 = Emotional abuse/Psychological Maltreatment
- 6 = Neglect
- 7 = Domestic Violence
- 8 = War/Terrorism/Political violence inside the U.S.
- 9 = War/Terrorism /Political violence outside the U.S
- 10 = Illness/Medical Trauma
- 11 = Serious injury/Accident
- 12 = Natural Disaster
- 13 = Kidnapping
- 14 = Traumatic loss or bereavement
- 15 = Forced Displacement
- 16 = Impaired Caregiver
- 17 = Extreme interpersonal violence (not reported elsewhere)
- 18 = Community Violence (not reported elsewhere)
- 19 = School Violence (not reported elsewhere)
- 20 = Other Trauma (not reported elsewhere)

# Core Clinical Characteristics (Trauma Detail Form)

Child ID Number:  -  -  Child's Initials:   
Center ID Subcenter ID Child ID First Middle Last

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## TRAUMA DETAIL, SEXUAL MALTREATMENT/ABUSE

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

Home

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Please identify the perpetrator(s). (Check all that apply)

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

---

**TRAUMA DETAIL, SEXUAL MALTREATMENT/ABUSE (CONTINUED)**

---

6. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

7. Was a report filed? (e.g., Police, Child Protective Services)

0 = No

1 = Yes

99 = Unknown

8. Did this maltreatment/abuse ever involve oral, vaginal, or anal penetration?

0 = No

1 = Yes

99 = Unknown

Child ID Number:     -   -        
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, SEXUAL ASSAULT/RAPE**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:   /   /      
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

Home

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Please identify the perpetrator(s). (Check all that apply)

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

6. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, SEXUAL ASSAULT/RAPE (CONTINUED)**

---

7. Was a weapon used?

0 = No

1 = Yes

99 = Unknown

8. Was a report filed? (e.g. Police, Child Protective Services)

0 = No

1 = Yes

99 = Unknown

9. Did this assault/rape ever involve oral, vaginal, or anal penetration?

0 = No

1 = Yes

99 = Unknown

Child ID Number:     -   -       
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, PHYSICAL MALTREATMENT/ABUSE**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:   /   /      
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

Home

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Please identify the perpetrator(s). (Check all that apply)

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

6. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

Core Clinical Characteristics  
(Trauma Detail Form)

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**TRAUMA DETAIL, PHYSICAL MALTREATMENT/ABUSE (CONTINUED)**

---

7. Was a weapon used?

0 = No

1 = Yes

99 = Unknown

8. Was a report filed? (e.g. Police, Child Protective Services)

0 = No

1 = Yes

99 = Unknown

Child ID Number:     -   -        
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, PHYSICAL ASSAULT**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:   /   /      
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

Home

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Please identify the perpetrator(s). (Check all that apply)

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

6. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, PHYSICAL ASSAULT (CONTINUED)**

---

7. Was a weapon used?

0 = No

1 = Yes

99 = Unknown

8. Was a report filed? (e.g. Police, Child Protective Services)

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, EMOTIONAL ABUSE/PSYCHOLOGICAL MALTREATMENT**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

Home

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Please identify the perpetrator(s). (Check all that apply)

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

6. Please identify the type of maltreatment involved. (Check all that apply)

Emotional abuse

Emotional neglect

Verbal abuse

Excessive demands

Other, please specify: \_\_\_\_\_

Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, NEGLECT**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?
  - Baseline
  - Other, please provide date:  /  /   
Month Day Year
  
2. Please describe the frequency of the experience. (Select only one)
  - 1 = One-time event
  - 2 = Repeated exposure
  - 99 = Unknown
  
3. Please describe the type(s) of experience. (Check all that apply)
  - Experienced
  - Witnessed
  - Vicarious
  - Unknown
  
4. Please indicate the setting(s) of the experience. (Check all that apply)
  - Home
  - School
  - Community
  - Other, please specify: \_\_\_\_\_
  - Unknown
  
5. Please identify the perpetrator(s). (Check all that apply)
  - Parent
  - Other adult relative
  - Unrelated (but identifiable) adult
  - Sibling
  - Other youth
  - Stranger
  - Unknown
  
6. Please identify the type of neglect involved. (Check all that apply)
  - Physical
  - Medical
  - Education
  - Other, please specify: \_\_\_\_\_
  - Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, DOMESTIC VIOLENCE**

---

**Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.**

1. When was this trauma revealed/known (to the clinician)?  
 Baseline  
 Other, please provide date:  /  /   
Month Day Year
  
2. Please describe the frequency of the experience. **(Select only one)**  
1 = One-time event  
2 = Repeated exposure  
99 = Unknown
  
3. Please describe the type(s) of experience. **(Check all that apply)**  
 Experienced  
 Witnessed  
 Vicarious  
 Unknown
  
4. Please indicate the setting(s) of the experience. **(Check all that apply)**  
 Home  
 Other, please specify: \_\_\_\_\_  
 Unknown
  
5. Please identify the perpetrator(s). **(Check all that apply)**  
 Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Stranger  
 Unknown
  
6. Was a weapon used?  
0 = No  
1 = Yes  
99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

---

**TRAUMA DETAIL, DOMESTIC VIOLENCE (CONTINUED)**

---

7. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

8. Was a report filed? (e.g. Police, Child Protective Services)

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, WAR/TERRORISM/POLITICAL VIOLENCE *INSIDE* U.S.**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the type of weapons used. (Check all that apply)

Conventional (e.g. shootings, bombings, 9/11, Oklahoma City)

Chemical

Radiological

Biological

Unknown

5. Was anyone that the child knew seriously injured or killed?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

---

**TRAUMA DETAIL, WAR/TERRORISM/POLITICAL VIOLENCE *OUTSIDE* U.S.**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Was anyone that the child knew seriously injured or killed?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, ILLNESS/MEDICAL**

---

**Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.**

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. **(Select only one)**

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. **(Check all that apply)**

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. **(Check all that apply)**

Home

Hospital

Extended care facility

Other, please specify: \_\_\_\_\_

Unknown

5. Was the child's condition life threatening?

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, SERIOUS INJURY/ACCIDENT**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?
  - Baseline
  - Other, please provide date:  /  /   
Month Day Year
  
2. Please describe the frequency of the experience. (Select only one)
  - 1 = One-time event
  - 2 = Repeated exposure
  - 99 = Unknown
  
3. Please describe the type(s) of experience. (Check all that apply)
  - Experienced
  - Witnessed
  - Vicarious
  - Unknown
  
4. Please indicate the setting(s) of the experience. (Check all that apply)
  - Home
  - School
  - Community
  - Other, please specify: \_\_\_\_\_
  - Unknown
  
5. Please specify type of accident/injury(s). (Check all that apply)
  - Motor vehicle
  - Dog bite
  - Near drowning
  - Accidental shooting
  - Other, please specify: \_\_\_\_\_
  - Unknown
  
6. Was permanent disability/death inflicted?
  - 0 = No
  - 1 = Yes

**If Yes: To whom? (Check all that apply)**

  - Child
  - Parent
  - Other adult relative
  - Unrelated (but identifiable) adult
  - Sibling
  - Other youth
  - Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, NATURAL DISASTERS**

---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please specify type of disaster(s) involved. (Check all that apply)

Earthquake

Hurricane

Flood

Tornado

Fire

Industrial

Other, please specify: \_\_\_\_\_

Unknown

5. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

6. Did the child/family evacuate their home?

0 = No

1 = Yes

99 = Unknown

7. Was the child's home severely damaged or destroyed?

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, KIDNAPPING/ABDUCTION**

---

**Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.**

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. **(Select only one)**

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. **(Check all that apply)**

Experienced

Witnessed

Vicarious

Unknown

4. Please identify the perpetrator(s). **(Check all that apply)**

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger

Unknown

5. Was a weapon used?

0 = No

1 = Yes

99 = Unknown

**TRAUMA DETAIL, TRAUMATIC LOSS, OR BEREAVEMENT**

**Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.**

1. When was this trauma revealed/known (to the clinician)?
  - Baseline
  - Other, please provide date:   /   /

Month                      Day                      Year
  
2. Please describe the frequency of the experience. **(Select only one)**
  - 1 = One-time event
  - 2 = Repeated exposure
  - 99 = Unknown
  
3. Please describe the type(s) of experience. **(Check all that apply)**
  - Experienced
  - Witnessed
  - Vicarious
  - Unknown
  
4. Please identify the people lost. **(Check all that apply)**
  - Parent
  - Other adult relative
  - Unrelated (but identifiable) adult
  - Sibling
  - Other youth
  - Stranger
  - Unknown
  
5. Was the loss/berereavement due to death?
  - 0 = No
  - 1 = Yes
  - 99 = Unknown
  
6. If loss was due to death, please specify cause(s) of death? **(Check all that apply)**
  - Natural causes/illness
  - Violence
  - Accident
  - Disaster
  - Terrorism, War, Political violence
  - Other, please specify: \_\_\_\_\_
  
7. If loss is not due to death, was caregiver removed from home?
  - 0 = No
  - 1 = Yes
  - 99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, TRAUMATIC LOSS, OR BEREAVEMENT (CONTINUED)**

---

8. If caregiver(s) was removed from home, please specify reason(s). (Check all that apply)

- Divorce
- Incarceration
- Hospitalization (medical or psychiatric)
- Other, please specify: \_\_\_\_\_

9. Was child removed from the home? (e.g., Foster care, other out-of-home)

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, FORCED DISPLACEMENT**

---

**Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.**

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. **(Select only one)**

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. **(Check all that apply)**

Experienced

Witnessed

Vicarious

Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, IMPAIRED CAREGIVER**

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Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?
  - Baseline
  - Other, please provide date:  /  /   
Month Day Year
  
2. Please describe the frequency of the experience. **(Select only one)**
  - 1 = One-time event
  - 2 = Repeated exposure
  - 99 = Unknown
  
3. Please describe the type(s) of experience. **(Check all that apply)**
  - Experienced
  - Witnessed
  - Vicarious
  - Unknown
  
4. Please identify the impaired caregiver(s). **(Check all that apply)**
  - Parent
  - Other adult relative
  - Unrelated (but identifiable) adult
  - Sibling
  - Other youth
  - Stranger
  - Other, please specify: \_\_\_\_\_
  - Unknown
  
5. The impairment was due to? **(Check all that apply)**
  - Drug use/abuse/addiction
  - Caregiver mental health impairment/disorder
  - Caregiver medical illness
  - Other, please specify: \_\_\_\_\_
  - Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

**TRAUMA DETAIL, EXTREME INTERPERSONAL VIOLENCE (NOT REPORTED ELSEWHERE)**

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?  
 Baseline  
 Other, please provide date:  /  /   
Month Day Year
2. Please describe the frequency of the experience. (Select only one)  
1 = One-time event  
2 = Repeated exposure  
99 = Unknown
3. Please describe the type(s) of experience. (Check all that apply)  
 Experienced  
 Witnessed  
 Vicarious  
 Unknown
4. Please indicate the setting(s) of the experience. (Check all that apply)  
 Home  
 School  
 Community  
 Other, please specify: \_\_\_\_\_  
 Unknown
5. Please identify the perpetrator(s). (Check all that apply)  
 Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Stranger  
 Unknown
6. Please indicate the type(s) of violence (Check all that apply)  
 Robbery  
 Assault  
 Homicide  
 Suicide  
 Other, please specify: \_\_\_\_\_  
 Unknown
7. Was a weapon used?  
0 = No  
1 = Yes  
99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, EXTREME INTERPERSONAL VIOLENCE (NOT REPORTED ELSEWHERE)  
(CONTINUED)**

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8. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

- Child
- Parent
- Other adult relative
- Unrelated (but identifiable) adult
- Sibling
- Other youth
- Other, please specify: \_\_\_\_\_

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, COMMUNITY VIOLENCE (NOT REPORTED ELSEWHERE)**

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Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please indicate the setting(s) of the experience. (Check all that apply)

School

Community

Other, please specify: \_\_\_\_\_

Unknown

5. Was anyone seriously injured or killed?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown

6. Was the violence gang related?

0 = No

1 = Yes

99 = Unknown

Child ID Number:  -  -   
Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Trauma Detail Form)**

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**TRAUMA DETAIL, SCHOOL VIOLENCE (NOT REPORTED ELSEWHERE)**

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Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline

Other, please provide date:  /  /   
Month Day Year

2. Please describe the frequency of the experience. (Select only one)

1 = One-time event

2 = Repeated exposure

99 = Unknown

3. Please describe the type(s) of experience. (Check all that apply)

Experienced

Witnessed

Vicarious

Unknown

4. Please identify the type(s) of violence. (Check all that apply)

School shooting

Bullying

Classmate suicide

Other, please specify: \_\_\_\_\_

Unknown

5. Was serious injury inflicted?

0 = No

1 = Yes

**If Yes: To whom? (Check all that apply)**

Child

Teacher/staff

Sibling

Other youth

Other, please specify: \_\_\_\_\_

99 = Unknown