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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
1. Sexual maltreatment/abuse: (Actual or attempted sexual molestation, exploitation, or coercion by a caregiver)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
2. Sexual assault/rape: (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																				
3. Physical maltreatment/abuse: (Actual or attempted infliction of physical pain or bodily injury by a caregiver)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
4. Physical assault: (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
5. Emotional abuse/Psychological Maltreatment: (Emotional abuse, verbal abuse, excessive demands, emotional neglect)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
6. Neglect: (Physical, medical, or educational neglect)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
7. Domestic Violence: (Exposure to physical, sexual, and/or emotional abuse directed at adult caregiver(s) in the home)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
8. War/Terrorism/Political violence inside the U.S.: (Exposure to any of these events inside the U.S.)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
9. War/Terrorism/Political violence outside the U.S.: (Exposure to any of these events outside of the U.S.)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
10. Illness/Medical Trauma: (Life threatening or extremely painful illness or medical procedure)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
11. Serious injury/Accident: (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
12. Natural disaster: (Major accident or disaster that is the result of a natural event)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
13. Kidnapping: (Unlawful seizure or detention against the child's will)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
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):	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
15. Forced displacement: (Forced relocation due to political reasons)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
16. Impaired Caregiver: (History of exposure to caretaker depression, other medical illness, or alcohol/drug abuse)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
17. Extreme interpersonal violence (not reported elsewhere): (e.g., Homicide/suicide)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
18. Community violence (not reported elsewhere): (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
19. School violence (not reported elsewhere): (e.g., School shooting, bullying, classmate suicide)	0 = No 1 = Yes 2 = Suspected 99 = Unknown																				
20. Other Trauma (not reported elsewhere)? 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)**

GENERAL TRAUMA INFORMATION (CONTINUED)

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

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)**

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)**

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)

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)**

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)**

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)**

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)**

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)**

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)**

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)**

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)**

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)**

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)**

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)**

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

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

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

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)**

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)**

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)**

TRAUMA DETAIL, IMPAIRED CAREGIVER

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)**

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

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)**

TRAUMA DETAIL, COMMUNITY 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)

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)**

TRAUMA DETAIL, SCHOOL 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 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