Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0276. Public reporting burden for this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

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			1		1	1	1		,	Whe		Ag	ge in ye	auma e ars: that app	•	enced?				
		Types)	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:			-			-				
	Cen	ter ID		Sub	center	ID		Child	ID	

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									١	Whe		Aş	pe of tr ge in ye ill ages	ars:	_	enced?				
		Types)	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																				

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Child ID Number:]-[- 🗆			
	Center	ID		Subce	enter II)	Child	ID	

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										Whe		A	ge in ye	auma ears: that ap	•	enced?				
		Types)	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																				

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Child ID Number:			-			-			Ľ
	Cer	nter ID		Sub	center	ID		Child I	īD

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)	0	1	2	3	4	5	6	7	8		Ag	e of tra e in ye ll ages t 12	ars:	•	enced?	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																			

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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: Center ID - Child ID C

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	
	\Box Other, please provide date: \Box_{Month} / \Box_{Dav} / \Box_{Vear}	
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:			-			-	
	Cer	nter ID		Sub	center l	ID .	

TRAUMA DETAIL, SEXUAL MALTREATMENT/ABUSE (CONTINUED)

Child ID

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: _

- 7. Was a report filed? (e.g., Police, Child Protective Services)
- 0 = No
- 1 = Yes
- 99 = Unknown
- Did this maltreatment/abuse ever involve oral, vaginal, or anal penetration? 8. 0 = No
- 1 = Yes
- 99 = Unknown

Child ID Number:]		
	Center ID	Subcenter ID	Child ID	

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:
$$\square_{Month} / \square_{Day} / \square_{Year}$$

- 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: _____

Child ID Number:]-[-		
	Center II)		Subc	enter I	D	(Child IE

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

Child ID Number:]		
	Center ID	Subcenter ID	Child ID	

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)? \Box

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 Home
 - School
 - Community
 - Other, please specify: _____
 - Unknown
- 5. Please identify the perpetrator(s). (Check all that apply)
 - Other adult relative

 - Unrelated (but identifiable) adult
 - Sibling
 - Other youth
 - Stranger
 - Unknown
- **6.** Was serious injury inflicted?
- $\mathbf{0}=\mathbf{No}$

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: _____

Child ID Number:			-			-				
	Cer	nter ID		Sub	center	ID	(Child II)	

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

Child ID Number:]-[-				
	Center	r ID		Sub	center	ID	0	Child II)	

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)?

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:

Child ID Number:			-			-
	Cer	nter ID		Sub	center	ID

TRAUMA DETAIL, PHYSICAL ASSAULT (CONTINUED)

Child ID

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

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

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)? \Box

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)
 - 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:			-			-				
	Cer	iter ID		Sub	center	ID	(Child II	D	

TRAUMA DETAIL, NEGLECT

	mplete the following if experience of this trauma type is indicated on the General Trauma Information rm.
1.	When was this trauma revealed/known (to the clinician)? Baseline Other, please provide date: $Month / Month / $
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	S	ubcenter	ID		Child II)	

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)?

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:		
	Cer	ter ID

TRAUMA DETAIL, DOMESTIC VIOLENCE (CONTINUED)

Subcenter ID

Child ID

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

Child ID Number:				-			-				
	Cer	nter ID	,		Sub	center	ID	(Child II)	

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 = No1 = Yes

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

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

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

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)

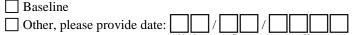
- Child
- Parent
- Other adult relative
- Unrelated (but identifiable) adult
- Sibling
- Other youth
- Other, please specify: _____

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

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)?



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

2.

- 1 = Yes
- 99 = Unknown

Child ID Number:				
	Center ID	Subcenter ID	Child ID	

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:
$$\square \square / \square \square / \square \square / \square \square / \square \square$$

- 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 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

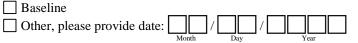
Child ID Number:	Core Clinical Characteristics (Trauma Detail Form)
TRAUMA DETAIL, NATURAL DISASTERS	
Complete the following if experience of this trauma type is indicated on t	the General Trauma Information Form.
 When was this trauma revealed/known (to the clinician)? Baseline Other, please provide date: https://www.data.com / www.data.com / <a a="" href="https://www.data.com" www.data.com"="" www.data.com<=""> / www.data.com / <a a="" href="https://www.data.com" www.data.com"="" www.data.com<=""> / www.data.com / <a a="" href="https://www.data.com" www.data.com"="" www.data.com<=""> / www.data.com / <a a="" href="https://www.data.com" www.data.com"="" www.data.com<=""> / www.data.com"/www.data.com / www.data.com / www.data.com / <a a="" href="https://www.data.com" www.data.com"="" www.data.com<=""> / www.data.com"/>www.data.com / www.data.com / www.]
 2. Please describe the frequency of the experience. (Select only one) 1 = One-time event 2 = Repeated exposure 99 = Unknown 	
 Please describe the type(s) of experience. (Check all that apply) Experienced Witnessed Vicarious Unknown 	
 Please specify type of disaster(s) involved. (Check all that apply) Earthquake Hurricane Flood Tornado Fire Industrial Other, please specify:	
 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:	_
 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:			-			-				
-	Cent	ter ID		Sub	center	ID	(Child II)	

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)?



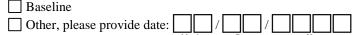
- 2. Please describe the frequency of the experience. (Select only one)
 - 1 =One-time event
 - 2 = Repeated exposure
 - 99 = Unknown
- 3. Please describe the type(s) of experience. (Check all that apply)
 - Experienced Witnessed
 - Vicarious
 - Unknown
- 4. Please identify the perpetrator(s). (Check 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	

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)?



- 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/bereavement 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:			-			-		
	Cer	ter ID		Sub	center	ID	(Child ID

TRAUMA DETAIL, TRAUMATIC LOSS, OR BEREAVEMENT (CONTINUED)

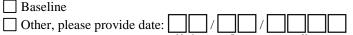
- 8. If caregiver(s) was removed from home, please specify reason(s). (Check all that apply)
 - Divorce
 - Incarceration
 - Hospitalization (medical or psychiatric)
 - Other, please specify:
- 9. Was child removed from the home? (e.g., Foster care, other out-of-home)
- 0 = No
- 1 = Yes
- 99 = Unknown

Child ID Number:]-			-				
	 Center	ID		Sub	center	ID		Child II	5	

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)?



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

- 1 =One-time event
- 2 = Repeated exposure
- 99 = Unknown

2.

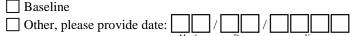
- 3. Please describe the type(s) of experience. (Check all that apply)
 - Experienced
 - Witnessed
 - Vicarious
 - Unknown

Child ID Number:				
	Center ID	Subcenter ID	Child ID	

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)?



- 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		Subo	enter]	ID		Child II)	

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?
- $\mathbf{0}=\mathbf{N}\mathbf{o}$
- 1 = Yes

^{99 =} Unknown

Child ID Number:]- 🗌		
	Center I	D	Subcenter	ID	Child I	D

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: _____

Child ID Number:				-			-				
	Center ID				Sub	center	ID	0	hild II)	

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)?

- 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: _____

- 6. Was the violence gang related?
- 0 = No
- 1 = Yes
- 99 = Unknown

Child ID Number:]-			-				
	Center ID			Subo	enter]	ID		Child II)	

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:
$$\square \square / \square \square / \square \square / \square \square / \square \square$$

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?
- $\mathbf{0} = \mathbf{N}\mathbf{o}$
- 1 = Yes

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

- Child
- Teacher/staff
- Sibling
- Other youth
- Other, please specify: _____