Harborview Trauma Screen – Caregiver

Name_____ Date_____

Stressful or scary events happen to many kids. Below is a list of stressful and scary events that sometimes happen. Please answer to the best of your knowledge. Mark YES if it happened to your child. Mark NO if it didn't happen to your child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	Yes	No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.	Yes	No
3. Robbed by threat, force or weapon.	Yes	No
4. Slapped, punched, or beat up by someone in your family.	Yes	No
5. Slapped, punched, or beat up by someone not in your family.	Yes	No
6. Saw someone in your family slapped, punched or beat up.	Yes	No
6a. Heard someone in your family (or knowing about someone in your family) being slapped, punched or beat up.	Yes	No
7. Saw someone in the community slapped, punched or beat up.	Yes	No
8. Someone older touched your child's private parts when they shouldn't.	Yes	No
9. Someone forced or pressured sex when your child couldn't say no.	Yes	No
10. Someone close to your child dying suddenly or violently.	Yes	No
11. Attacked, stabbed, shot at, or hurt badly.	Yes	No
12. Saw someone attacked, stabbed, shot at, hurt badly or killed.	Yes	No
13. Stressful or scary medical procedure.	Yes	No
14. Being around war.	Yes	No
15. Other stressful or scary event?	Yes	No

Describe:_____

Which one is bothering him/her the most now? _____

16. Suicide attempted or completed by a family member.	Yes	No
17. Suicide attempted or completed by a friend.	Yes	No
18. Family members taken away by police.	Yes	No
19. Family members ill/sick for a long time.	Yes	No
20. Family members dying.	Yes	No
21. Being bullied.	Yes	No
22. Someone saying to your child that they are no good.	Yes	No
23. Having to move.	Yes	No

If you answered NO to all of the above questions, STOP.
If you answered YES to any of the above questions, please complete the rest of this form.

When the event happened, did your child feel?

Afraid he/she would die or be hurt badly.	Yes	No
Afraid someone else would die or be hurt badly.	Yes	No
Helpless to do anything.	Yes	No
Ashamed or disgusted.	Yes	No