

**North Carolina Trauma Screening Tool (0-5)** Initial Screen  Re-Screen

Date: _____	County Case #: _____	SIS#: _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																
Child Initials _____	SW Initials _____	<input type="checkbox"/> Assess/Invest	<input type="checkbox"/> In-Home	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other (_____)														

**SECTION 1: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS****A. Is the social worker or caregiver aware of or suspect the child has experienced?**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical maltreatment or assault<br><input type="checkbox"/> Sexual maltreatment or assault/rape<br><input type="checkbox"/> Emotional maltreatment<br><input type="checkbox"/> Basic physical needs not met<br><input type="checkbox"/> Serious accident/illness/medical procedure<br><input type="checkbox"/> Exposure to school violence and/or severe bullying<br><input type="checkbox"/> Exposure to domestic violence<br><input type="checkbox"/> Exposure to drug/substance abuse or related activity<br><input type="checkbox"/> Incarceration and/or witnessing arrest of primary caregiver<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Traumatic death of a loved one<br><input type="checkbox"/> Immigration trauma<br><input type="checkbox"/> Natural disaster/war/terrorism<br><input type="checkbox"/> Multiple separations from/or changes in primary caregiver<br><input type="checkbox"/> Homelessness<br><input type="checkbox"/> Exposure to community violence<br><input type="checkbox"/> Human Trafficking Exposure – circle type(s) Sexual or Work/Labor<br><input type="checkbox"/> None |
|---|---|

**SECTION 2: QUESTIONS FOR SOCIAL WORKER/CAREGIVER (check if occurred within the last six months)****A. Does the child show any of these behaviors?**

- 
- Excessive aggression or violence toward property, animals, or others (including bullying)
- 
- 
- Preoccupied with violent and/or sexual interests
- 
- 
- Explosive behaviors (excessive and prolonged tantrums)
- 
- 
- Sleeping problems
- 
- 
- Eating problems (refusal, hoarding, stuffing, vomiting, eating nonfood)
- 
- 
- Withdrawn and/or excessively shy
- 
- 
- Sexual behavior not typical for child's age
- 
- 
- Recurring physical complaints with no apparent cause
- 
- 
- Disorganized behavioral states (i.e., attention, play)
- 
- 
- Bossy and demanding with adults and peers
- 
- 
- Regressed behavior (i.e., toileting, play)
- 
- 
- Other behavioral concerns: \_\_\_\_\_

**B. Does the child exhibit the following emotions/moods?**

- 
- Flat affect and/or withdrawn behavior
- 
- 
- Excessive worry
- 
- 
- Quick, explosive anger
- 
- 
- Chronic sadness and/or doesn't seem to enjoy any activities
- 
- 
- Other emotional/mood concerns: \_\_\_\_\_
- 
- 
- None

**C. Does the child have problems in childcare/school?**

- 
- Difficulty with authority
- 
- 
- Attention and/or memory problems
- 
- 
- Difficulty with following instruction
- 
- 
- Difficulty interacting with peers
- 
- 
- Frequent calls or notes home about behaviors
- 
- 
- Other child care/school concerns: \_\_\_\_\_
- 
- 
- None

**D. Does the child have relational and/or attachment difficulties?**

- 
- Lack of eye contact
- 
- 
- Sad or empty eyed appearance
- 
- 
- Overly friendly with strangers (lack of appropriate stranger anxiety)
- 
- 
- Alternates between clinginess and disengagement and/or aggression
- 
- 
- Failure to reciprocate (i.e., hugs, smiles, vocalization, play)
- 
- 
- Failure to seek comfort when hurt or frightened
- 
- 
- Difficulty using words
- 
- 
- Difficulty expressing feelings
- 
- 
- Other attachment/relational concerns: \_\_\_\_\_
- 
- 
- None

**SECTION 3: SOCIAL WORKER DECISION AND ACTION TAKEN**

**DECISION:**  Yes  No Screened-in for possible trauma exposure (Section 1) and/or symptoms (Section 2)

**REFERRED:**  
(check one)

- To NC-CTP rostered clinician for trauma-informed mental health assessment
- To non NC-CTP rostered clinician for trauma-informed mental health assessment
- Referred to general mental health assessment
- Other action/assessment not previously listed \_\_\_\_\_
- No referral at this time - Child in treatment with \_\_\_\_\_
- No referral at this time because \_\_\_\_\_

**GUIDANCE FOR NEXT STEPS**

▶ If both sections 1 and 2 have any items checked, child should be referred for a trauma-informed mental health assessment.  
▶ If only one section has items checked, team should have a case staffing to determine the most appropriate next step.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau Grant #90CO1058. Enter data online at <http://tiny.cc/pbscreen>.

DATA ENTRY DATE: \_\_\_\_\_  
CONFIRMATION #: \_\_\_\_\_