

**North Carolina Trauma Screening Tool (Age 6-21)** Initial Screen  Re-Screen

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

**B. TYPICAL SCRIPT TO CHILD: “Sometimes, very scary or upsetting things happen to people. These are times where someone was hurt very badly or killed or could have been.” (if yes below, check applicable item above)**

- Yes  No 1. Have you ever been hit, punched, and/or kicked very hard at home (exclude ordinary fights between brothers and sisters)?
- Yes  No 2. Have you ever seen a family member being hit, punched, and/or kicked very hard?
- Yes  No 3. Have you ever had an adult or someone bigger or older than you touch, or try to touch, you in areas that a bathing suit covers, or want you to touch them in those areas?
4. Tell me about any other scary things that have happened that we haven't already talked about.
- Did not answer  Event disclosed in the previous three screening questions
- None occurred  New event (traumatic)
- New event (not traumatic: would not fall into any of the categories of 1A)

**C. Did the four screening questions in 1B above reveal a scary, dangerous or violent (i.e., potentially traumatic) experience that was unknown to you?  Yes  No**If yes, did it require a new CPS referral?  Yes  No**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 (going from 0 to 100 from out of nowhere)
- 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
- Mentioned suicide or acted in a potentially life-threatening way
- Deliberately harms self (cutting, burning, etc.)
- Negative, hostile or defiant behavior
- Drug or alcohol use
- Hyperactivity, distractibility, inattention, impulsivity
- Patterns of forgetfulness
- Other behavioral concerns: \_\_\_\_\_
- None

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

- Flat affect and/or withdrawn
- Excessive worry
- Quick, explosive anger
- Chronic sadness and/or doesn't seem to enjoy any activities
- Excessive mood swings
- Tense and/or uptight age
- Difficulty expressing feelings
- Other emotional/mood concerns: \_\_\_\_\_
- None

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

- Difficulty with authority
- Attention and/or memory problems
- Low grades or academic decline
- Frequent trips to Principal's office and/or suspensions
- Excessive absences from school
- Other school 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.

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