Adult Trauma Screen-Self Report

Please check each area where the item is known or suspected. The screen can help determine whether a more comprehensive assessment may be helpful in understanding your functioning and needs. Note: Endorsing exposure items does not necessarily mean others agree, or that these events were proven to have happened; it is for screening purposes only.

1. Have you, or have you been told (by someone you trust) that you experienced the following as a child (under the age of 18):

- Physical abuse
- Neglectful home environment
- Emotional abuse
- Exposure to domestic violence
- Exposure to other chronic violence
- Sexual abuse or exposure to adult sexuality.
- Parent substance abuse
- Impaired parenting (i.e. mental illness)
- Exposure to drug activity aside from parent’s own use
- Refugee camps, war zones, trafficking (including forced prostitution)

- Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
- Lengthy or multiple separations from primary attachments – parent, other caregivers, siblings or close friends
- Placement outside of the home (foster care, kinship care, residential)
- Loss of significant people, places etc.
- Frequent/multiple moves; homelessness
- International adoption, immigration, Other

2. Have you experienced any of the following as an adult (over the age of 18):

- Domestic violence/assault (DV)
- Physical abuse/assault other than DV
- Emotional abuse by partner
- Trafficking and/or prostitution
- Sexual assault (not included above)
- Refugee camps, war zones
- Incarceration/institutionalization
- Military trauma
- Loss of significant people, places etc.
- Frequent/multiple moves; homelessness
- Other

3. Do you or have others told you that you show any of these behaviors:

- Empty, Flat, dismissive – as if you ‘don’t care’; minimize seriousness of problems/actions
- Persistent distrust of others; suspicious
- Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
- Cocky, seem to “know it all”
- Current substance abuse, or history of chronic substance abuse
- Live with or/spend significant time with others who abuse substances
- Unpredictable, explosive responses to events
- Excessively controlling
- Repeatedly victimized or taken advantage of
- Frequent lying, denying things known to be true
- Misreads and/or don’t seem to understand social cues and/or anticipate negative responses or outcomes
- Mixes up appointments, needs information repeated or explained, frequently forgetful
- Shares too much private information; gives unnecessary details
- Difficulty coping with change
- Sleep problems
- Impulsive, rash behaviors and decisions
- Other

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4. **Do you or have you been told that you have any of the following emotions or moods:**
   - _____ Excessive mood swings, can be easily “set off” and reactions are intense
   - _____ Frequent, intense angry outbursts that seem extreme for the situation
   - _____ ‘Flat’ and unemotional; detached
   - _____ Emotion doesn’t fit situation (too easily crying; laughing at sad things, etc.)
   - _____ Sudden changes/shifts in mannerisms and/or level of maturity (like different people)
   - _____ Jumpy, nervous, worried, and/or fearful
   - _____ Negative, pessimistic
   - _____ Other ___________________________________________________________

5. **Do you or have you been told that you have any of the following life problems:**
   - _____ Legal problems – e.g., Court involvement, suspended license, warrants, owe past child support
   - _____ Two or more criminal convictions as an adult
   - _____ History of truancy/behavior problems in school/dropping out of high school
   - _____ Difficulty keeping a job
   - _____ Multiple diagnoses as child and/or adult (ADHD, oppositional disorder, bipolar, etc.)
   - _____ Chronic health problems – e.g., obesity, diabetes, heart problems, high blood pressure
   - _____ Frequently sick and/or experiencing physical issues, complain of aches and pains
   - _____ Began using substances before age of 14
   - _____ Poor physical self-care and/or poor living conditions
   - _____ Regular smoking/tobacco use; chronic poor health habits
   - _____ Other ______________________________________________________________

6. **Do you believe, or have others told you that you have any of these relationship issues:**
   - _____ Lack of appropriate boundaries in relationships – physical touch, poor sense of privacy
   - _____ Frequent changes in intimate partners
   - _____ Quick to bring others into your life (get too close to fast), not just sexually
   - _____ Repeatedly gets caught up in “drama” with family/friends; frequent conflicts
   - _____ Lack of contact with or very stressed/strained relationship with family
   - _____ Unsupportive, cold, or negative relationship with parents
   - _____ Friends/support have history of criminal, substance abuse, and/or child welfare involvement
   - _____ Other ____________________________________________________________

Please complete the following:

Age ____________________________

Sex ____________________________

Race ____________________________

County of Residence ____________________________