

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):

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Lengthy or multiple separations from primary attachments – parent, other caregivers, siblings or close friends |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Loss of significant people, places etc. |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual abuse or exposure to adult sexuality. | <input type="checkbox"/> International adoption, immigration, |
| <input type="checkbox"/> Parent substance abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impaired parenting (i.e. mental illness) | |
| <input type="checkbox"/> Exposure to drug activity <i>aside from parent's own use</i> | |
| <input type="checkbox"/> Refugee camps, war zones, trafficking (including forced prostitution) | |

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

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

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 _____

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 _____