NCTSN
The National Child
Traumatic Stress Network

Baseline Assessment/Renewal

Client Name: _____ Client Number: _____

Trauma Information

For each trauma that the child has experienced, please complete the following information.

Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
1. Sexual maltreatment/abuse: ***(actual or attempted sexual molestation, exploitation, or coercion by a caregiver):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was a report filed (Police, Child Protective Services)?** □ No □ Yes □ Unknown
2. Sexual assault/rape: ***(Actual or attempted sexual molestation, exploitation, or coercion not recorded as sexual abuse)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was a weapon used?** □ No □ Yes □ Unknown **Was a report filed (Police, Child Protective Services)?** □ No □ Yes □ Unknown
3. Physical maltreatment/abuse ***(actual or attempted infliction of physical pain or bodily injury by a caregiver):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was a weapon used?** □ No □ Yes □ Unknown **Was a report filed (Police, Child Protective Services)?** □ No □ Yes □ Unknown

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4. Physical Assault ***(Actual or attempted infliction of physical pain or bodily injury not recorded as physical abuse***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was a weapon used?** □ No □ Yes □ Unknown **Was a report filed (Police, Child Protective Services)?** □ No □ Yes □ Unknown
5. Emotional Abuse/ Psychological maltreatment ***(Emotional abuse verbal abuse, excessive demands, emotional neglect):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown		**Type(s) of maltreatment involved?** □ Emotional abuse □ Emotional neglect □ Verbal abuse □ Excessive demands □ Other, specify: _____ □ Unknown
6. Neglect ***(physical, medical or educational neglect):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown		**Type(s) of neglect involved?** □ Physical □ Medical □ Educational □ Other, specify: _____ □ Unknown

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7. Domestic Violence: ***(Exposure to physical, sexual, and/or emotional abuse directed at adult caretaker(s) in the home)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was a weapon used?** □ No □ Yes □ Unknown Was a report filed (Police, Child Protective Services)? □ No □ Yes □ Unknown
8. War/terrorism/ political violence inside the U.S. ***(exposure to any of these events inside the United States):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown			**Was anyone that the child knew seriously injured or killed?** □ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Indicate the type of weapons used (check all that apply).** □ Conventional (e.g. shootings, bombings, 9/11, Oklahoma City) □ Chemical □ Radiological □ Biological □ Unknown
9. War/terrorism/ political violence outside the U.S. ***(exposure to any of these events outside of the United States):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown			□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	

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10. Illness/medical ***(life-threatening or extremely painful illness or medical procedure):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ Hospital □ Extended care facility □ Other, specify: _____ □ Unknown			**Was the child's condition life-threatening?** □ No □ Yes □ Unknown
11. Serious Injury/Accident ***(unintentional accident or injury):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown		**Was permanent disability/death inflicted?** □ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Specify the type of accident/injury(s) (check all that apply):** □ Motor vehicle □ Dog bite □ Near drowning □ Accidental shooting □ Other, specify: _____ □ Unknown
12. Natural Disaster ***(Major accident or disaster that is the result of a natural event)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown		**Specify type of disaster(s) involved (check all that apply)** □ Earthquake □ Hurricane □ Flood □ Tornado □ Fire □ Industrial □ Other, specify: _____ □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Did the child/family evacuate their home?** □ No □ Yes □ Unknown **Was the child's home severely damaged or destroyed?** □ No □ Yes □ Unknown

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13. Kidnapping: ***(Unlawful seizure or detention against the child's will)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown		□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown		**Was a weapon used?** □ No □ Yes □ Unknown
14. Traumatic loss or Bereavement: ***(death or separation of a primary caretaker)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	**Was the child removed from the home?** □ No □ Yes □ Unknown	**Identify the people lost:** □ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	**Was the loss/bereavement due to death?** □ No □ Yes □ Natural causes/illness □ Violence □ Accident □ Disaster □ Terrorism, War, Political violence □ Other, specify: _____ □ Unknown	**If not due to death, was the caregiver(s) removed from home?** □ No □ Yes □ Divorce □ Incarceration □ Hospitalization (medical or psychiatric) □ Other, specify: _____ □ Unknown
15. Forced displacement ***(forced relocation due to political reasons):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown				
16. Impaired caregiver ***(history of exposure to care taker depression, other medical illness, alcohol/drug abuse):***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown		**Identify the impaired caregiver(s):** □ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Other, specify: _____ □ Unknown		**Impairment due to?** □ Drug use/abuse/addiction □ Caregiver depression □ Caregiver psychiatric disorder □ Caregiver medical illness □ Other, specify: _____ □ Unknown

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17. Extreme Interpersonal Violence (not reported elsewhere): ***(e.g., homicide/suicide)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Indicate the type(s) of violence:** □ Robbery □ Assault □ Homicide □ Suicide □ Other, specify: _____ □ Unknown **Was a weapon used?** □ No □ Yes □ Unknown
18. Community Violence (Not reported elsewhere): ***(e.g., Gang-related violence, neighborhood violence)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ School □ Community □ Other, specify: _____ □ Unknown		**Was anyone seriously injured or killed?** □ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Was the violence gang related?** □ No □ Yes □ Unknown
19. School Violence (not reported elsewhere): ***(e.g., School shooting, bullying, classmate suicide)***	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown			□ No □ Yes—To Whom □ Child □ Teacher/staff □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	**Identify the type(s) of violence (check all that apply):** □ School shooting □ Bullying □ Classmate suicide □ Other, specify: _____ □ Unknown

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20. Other Trauma (not reported elsewhere)? Please Specify: _____	□ No □ Yes □ Suspected □ Unknown	□ Baseline □ Other, please provide date: _ _ / _ _ /_ _ _ _	□ One time event □ Repeated exposure □ Unknown	□ Experienced □ Witnessed □ Vicarious □ Unknown	□ Home □ School □ Community □ Other, specify: _____ □ Unknown	□ Parent □ Other adult relative □ Unrelated adult (but identifiable) □ Sibling □ Other Youth □ Stranger □ Unknown	□ No □ Yes—To Whom □ Child □ Parent □ Other adult relative □ Unrelated (but identifiable) adult □ Sibling □ Other youth □ Other, specify: _____ □ Unknown	

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Trauma Information

21. Primary focus of current treatment? (select only one)

- □ Sexual maltreatment/abuse
- □ Sexual assault/rape
- □ Physical maltreatment/abuse
- □ Physical assault
- □ Emotional abuse/Psychological Maltreatment
- □ Neglect
- □ Domestic violence
- □ War/Terrorism/Political Violence inside the U.S.
- □ War/Terrorism/Political Violence outside the U.S.
- □ Illness/Medical
- □ Serious Injury/Accident
- □ Natural Disaster
- □ Kidnapping
- □ Traumatic loss or bereavement
- □ Forced displacement
- □ Impaired Caregiver
- □ Extreme Interpersonal Violence (not reported elsewhere)
- □ Community Violence (not reported elsewhere)
- □ School Violence (not reported elsewhere)
- □ Other Trauma (not reported elsewhere)

Trauma Type Experienced by the Child:	**When was this type of trauma experienced? Age in years: (Check all ages that apply)**																			
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**Unknown**

Staff Signature: _____ Staff ID: _____ Date: _____