

ECTSS

Child's name: _____ Child's age (in months if <2 years): _____

Sex: M ____ / F ____

Purpose: The purpose of this screen is to identify reactions to traumatic events in children 0- 6 years old.

Traumatic Events: Please CHECK all of the following events this child has experienced, as far as you know. Mark an "X" next to the event(s) you believe has had the most impact on this child. Also, please write approximate child ages or dates next to events circled.

- Physical abuse _____
 Sexual abuse _____
 Severe neglect _____
 Bad accident (car) _____
 Animal attack _____
 Scary medical procedure _____
 See or hear violence in the home _____
 See or hear violence in the community _____
 Scary disaster such as a tornado or hurricane _____
 Change in primary caregiver _____
 Others: (write in with ages/dates) _____

Trauma Symptoms: Please circle "Yes" if the child has behaved in the manner described, "No" if the child behaved in a way that makes you think he/she does not have such a symptom, and "DK" if you don't know either way.

1. Re-enacts traumatic events repeatedly through play, or repeatedly talks or asks about the event.	Yes	No	DK
2. Repeated bad dreams. Dreams may not be linked to trauma.	Yes	No	DK
3. Child may stare or freeze, or seem dazed and "off somewhere else."	Yes	No	DK
4. Stressed when reminded of event, e.g., crying, withdrawing, acting out, hiding.	Yes	No	DK
5. Physical reactions when reminded of event. Examples include shaking/trembling, sweating, headaches, and stomachaches.	Yes	No	DK
6. Tries to avoid things/activities or places that are reminders of the event. [MAY NOT APPLY TO CHILDREN < 1 YR].	Yes	No	DK
7. Tries to avoid people that remind them of event. Or tries to avoid talking about event. [MAY NOT APPLY TO CHILDREN < 1 YR]	Yes	No	DK
8. Displays much negative emotion such as fear, sadness, shame, guilt.	Yes	No	DK
9. Little interest in activities/play. In children < 1 year, less interest in exploring their world (looking at toys, rolling around).	Yes	No	DK
10. Socially withdrawn: avoids others, little eye contact, does not answer questions. In children < 1 year, may not respond to or may reject touch.	Yes	No	DK
11. Few positive emotions such as happiness, joy, love, excitement.	Yes	No	DK
12. Irritable or angry outbursts, e.g., yelling, hitting, throwing, temper tantrums. Difficulty regulating emotions or soothing.	Yes	No	DK
13. Looks out for danger. Fearful.	Yes	No	DK
14. Startles easily to loud noises; jumpy.	Yes	No	DK
15. Poor attention or concentration relative to other children their age/gender.	Yes	No	DK
16. Sleep problems. Does not want to go to bed, cannot fall asleep, repeatedly wakes in the night (unrelated to bad dreams).	Yes	No	DK
17. Loss of already mastered skills. For example, goes back to thumb sucking, fear of the dark, baby talk; or no longer potty trained.	Yes	No	DK