03/03/2023

Early Childhood Traumatic Stress Screen (ECTSS) - Ages 0-6 years

CHILD'S NAME:_____CHILD'S AGE(in months if <2 years):_____ Sex: ☐ M ☐ F

TRAUMATIC EVENTS: Please ☑ CHECK all of the following events this child has experienced in their lifetime, that you know of or suspect. This includes a change in caregiver. If possible, 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_____ ☐ Scary disaster such as tornado, hurricane_____

☐ See or hear violence *in the home*_____ ☐ See or hear violence *in the community*_____

☐ Change in primary caregiver_____ ☐ Other Events: _____

This box should always be checked for children in foster/resource care. *Include ages or approximate dates if possible.*

_____

Mark 0, 1, 2, or 3 for how often the following things have bothered the child in the *LAST TWO WEEKS*:

	Never	Once in a while	Half of the time	Almost always
1. Re-enacts traumatic events repeatedly through play, or repeatedly talks or asks about the event.	☐ 0	☐ 1	☐ 2	☐ 3
2. Repeated bad dreams. Dreams might not be linked to trauma.	☐ 0	☐ 1	☐ 2	☐ 3
3. Child may stare, freeze, or seem dazed and "off somewhere else."	☐ 0	☐ 1	☐ 2	☐ 3
4. Stressed when reminded of event, e.g., crying, withdrawing, acting out, hiding.	☐ 0	☐ 1	☐ 2	☐ 3
5. Physical reactions when reminded of event. Examples include shaking/trembling, sweating, headaches, and stomachaches.	☐ 0	☐ 1	☐ 2	☐ 3
6. Tries to avoid things/activities or places that are reminders of the event. [MIGHT NOT APPLY TO CHILDREN UNDER 1 YR OLD].	☐ 0	☐ 1	☐ 2	☐ 3
7. Tries to avoid people that remind them of event. Or tries to avoid talking about event. [MIGHT NOT APPLY TO CHILDREN UNDER 1 YR OLD]	☐ 0	☐ 1	☐ 2	☐ 3
8. Displays many negative emotions such as fear, sadness, shame, guilt.	☐ 0	☐ 1	☐ 2	☐ 3
9. Little interest in activities/play. In children younger than 1 year, less interest in exploring their world (such as looking at toys, rolling around).	☐ 0	☐ 1	☐ 2	☐ 3
10. Socially withdrawn: Avoids others, little eye contact, does not answer questions. In children younger than 1 year, may not respond to or may reject touch.	☐ 0	☐ 1	☐ 2	☐ 3
11. Few positive emotions such as happiness, joy, love, excitement.	☐ 0	☐ 1	☐ 2	☐ 3
12. Irritable or angry outbursts, e.g., yelling, hitting, throwing, temper tantrums. Difficulty regulating emotions or soothing.	☐ 0	☐ 1	☐ 2	☐ 3
13. Looks out for danger. Fearful.	☐ 0	☐ 1	☐ 2	☐ 3
14. Startles easily to loud noises; jumpy.	☐ 0	☐ 1	☐ 2	☐ 3

15. Poor attention or concentration relative to other children their age/gender.	☐0	☐1	☐2	☐3
16. Sleep problems. Does not want to go to bed, cannot fall asleep, repeatedly wakes in the night (unrelated to bad dreams).	☐0	☐1	☐2	☐3
17. Loss of already mastered skills. For example, goes back to thumb sucking, fear of the dark, baby talk; or no longer potty trained.	☐0	☐1	☐2	☐3
Total Score: _____ *This field for therapist or administrator only.*				

Please check "YES" or "NO" if any of the problems you marked above have interfered with the following for the child:

1.	Getting along with others	☐ YES	☐ NO
2.	Playing/Having fun	☐ YES	☐ NO
3.	Daycare or school	☐ YES	☐ NO
4.	Family relationships	☐ YES	☐ NO
5.	General happiness	☐ YES	☐ NO