

## Child Trauma Symptom Checklist

Caregivers: Use the following chart for eight weeks. At the end of each week rank the severity of each symptom from 0 to 3:

0 = never

1 = a little bit, once per week or less, once in a while

2 = half the time, 2-4 times per week, somewhat

3 = almost always, very much, 5 or more times per week

Symptom	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Upsetting thoughts about what happened								
Nightmares								
Feeling as if what happened is happening again								
Physical symptoms like sweating, heart beating fast, upset stomach								
Avoiding things that remind them of what happened								
Negative thoughts about self								
Saying negative things about others								
Feeling like the world is unsafe								
Feeling like they can't trust other people								
Can't stop talking about what happened								
Feeling afraid								
Feeling guilty or ashamed								
Not wanting to do things they used to do								
Unhappy								
Numb								
Angry								
Doing unsafe or risky things								
Jumpy/Fidgets more than usual								

Symptom	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Problems paying attention								
Sleep problems								
No appetite/eating problems								
Being overly careful								
Poor grades								
Problems getting along with others								
Other								
Other								
Other								
<b>Total Score for Week</b>								

Notes

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