



ID _____

Date _____

DOB/age _____

The Childhood Trust Survey Children and Adolescents Ages 8 and older

It is important for us to understand what may have happened to you. The questions below describe some kinds of upsetting experiences. Since we give these questions to everyone, we list a lot of possible events that may have happened at any time in your life. If one or more of these experiences has happened at some time in your life, please circle **Y** for **Yes**. If not, circle **N** for **No**. Thank you for completing this survey.

- | | | |
|---|---|---|
| 1. Were you ever in a really bad accident, such as a serious car accident? | Y | N |
| 2. Were you ever in a disaster such as a tornado, hurricane, fire, big earthquake, or flood? | Y | N |
| 3. Were you ever so badly hurt or sick that you had to have painful or scary medical treatment? | Y | N |
| 4. Have you ever been threatened or really picked on by a bully (someone outside of your family)? | Y | N |
| 5. Have you ever had a parent swear at you, insult you, put you down, or say hurtful things such as "You are no good," "You will be sent away because you are bad," or "I wish you were never born"? | Y | N |
| 6. Were you ever completely separated from your parent(s) for a long time, such as going to a foster home, your parent living far apart from you, or never seeing your parent again? | Y | N |
| 7. Have you ever had a family member who was put in jail or prison or taken away by the police? | Y | N |
| 8. Have you ever had a time in your life when you did not have the care you needed, such as not having enough to eat, being left in charge of your younger brothers or sisters for long periods of time, or being left with a grownup who used drugs? | Y | N |
| 9. Have you ever had a time in your life when you were living in a car, living in a homeless shelter, living in a battered women's shelter, or living on the street? | Y | N |
| 10. Have you ever had someone living in your home who abused alcohol or used street drugs? | Y | N |
| 11. Have you ever had someone in your home try to hurt or kill himself/herself, such as cutting himself/herself or taking too many pills or drugs? | Y | N |
| 12. Have you ever had a family member who was depressed or mentally ill for a long time? | Y | N |

	Page 1 subtotals	___	___
13. Have you ever had a family member or someone else very close to you die unexpectedly?	Y	N	
14. Has someone in your home ever been physically violent toward you, such as whipping, kicking, or hitting hard enough to leave marks?	Y	N	
15. Has an adult ever said they were going to hurt you really badly or kill you, or acted like they were going to hurt you very badly or kill you, even if they didn't actually do it?	Y	N	
16. Have you ever seen or heard family members act like they were going to kill or hurt each other badly, even if they didn't actually do it?	Y	N	
17. Have you ever seen or heard a family member being hit, punched, kicked very hard, or killed?	Y	N	
18. Have you ever seen someone in your neighborhood be beaten up, shot at or killed?	Y	N	
19. Has someone ever robbed or tried to rob (jump) you or your family with a weapon?	Y	N	
20. Has someone ever kidnapped you (taken you away from your home when they shouldn't have) or has someone close to you ever been kidnapped?	Y	N	
21. Have you ever been badly hurt by an animal, such as attacked by a dog?	Y	N	
22. Have you ever had a pet or animal that was hurt or killed on purpose by someone you knew?	Y	N	
23. Have you ever seen a friend killed?	Y	N	
24. Has someone ever touched your private sexual body parts when you did not want them to?	Y	N	
25. Has someone ever made you touch his or her private sexual body parts?	Y	N	
26. Has an adult ever tied you up, gagged you, blindfolded you, or locked you in a closet or a dark scary place?	Y	N	
	Page 2 subtotals	___	___
	Page 1 subtotals	___	___
	Total	___	___

If more than one event happened AND it still bothers you, put a star next to the one that bothers you most.