Trauma History Questionnaire (THQ) CHILD

Instructions to be read to child: I’m going to ask about different experiences you may have had. Please think about things that may have happened to you in addition to the experience that brought you here today.

Sometimes, scary or very upsetting things happen to people. Some people have had some of these experiences, and some people have not had these experiences. I am going to read off a list of things that may have happened to you in the past. I’d like to ask you to tell me if any of these things have happened to you, and if so, when.

1. Have you ever been in, or seen, a serious accident?  
   - Yes  - No

2. Has someone close to you ever been really sick or really hurt or injured?  
   - Yes  - No

3. Have you ever been really sick or really hurt or injured?  
   - Yes  - No

4. Have you ever experienced a painful or scary medical treatment, either when you were hurt or sick?  
   - Yes  - No

5. Has someone close to you ever died?  
   - Yes  - No

6. Have you ever been unexpectedly separated from someone who takes care of you or someone who is close to you?  
   - Yes  - No

7. Has someone close to you ever tried to hurt him/herself, or even tried to kill him/herself?  
   - Yes  - No

8. Has someone ever physically hurt you (e.g., hit, kicked or punched), or threatened to hurt you?  
   - Yes  - No

9. Have you ever been robbed, or seen someone you care about get robbed?  
   - Yes  - No

10. Have you ever been attacked by a dog or other animal?  
    - Yes  - No

11. Have you ever seen or heard people in your family physically fighting, attacking or beating each other up (e.g., pushing, hitting, punching or using weapons) or threatening to hurt each other?  
    - Yes  - No

12. Have you ever seen or heard someone in your neighborhood or school attacking each other or getting beaten up (e.g., pushing, hitting, punching or using weapons) or threatening to hurt each other?  
    - Yes  - No

13. Has anyone ever made you watch or do something sexual (e.g., touching you in a sexual way, touching your private parts, making you see or touch their private parts, or making you watch them touch their own private parts?)  
    - Yes  - No

14. Has a caregiver or anyone important to you repeatedly told you were no good, repeatedly yelled at you in a scary way, or threatened to abandon you, leave you, or send you away?  
    - Yes  - No

15. Has a peer ever bullied you on the internet or in person (e.g., called you names, teased you, made up stories about you, repeatedly told you were no good, excluded you or threatened to hurt you)?  
    - Yes  - No

16. Have you ever had a time in your life when you and your family did not have enough food or a place to live?  
    - Yes  - No

17. Has there ever been a time in your life when an adult wasn’t taking care of you? (e.g., when your parents didn’t feed you, when you didn’t have clothes to wear or when you weren’t taken to school or to the doctor when you needed to go?)  
    - Yes  - No

18. Have you ever seen anyone in your home using drugs, like smoking drugs (other than cigarettes) or using needles?  
    - Yes  - No

19. Have you ever seen anyone in your home drink too much (get drunk)?  
    - Yes  - No

20. Have you ever been exposed to a natural disaster (e.g., been in a really bad storm like a hurricane or tornado or in a fire, flood or earthquake)?  
    - Yes  - No

21. Have you ever experienced man-made disaster (e.g., bombings, or another situation where somebody did something that hurt or killed a lot of people at the same time) or exposure to war?  
    - Yes  - No

22. Have you ever witnessed a family member who was arrested, or had a family member in jail?  
    - Yes  - No

23. Have there been other really scary or upsetting things that have happened to you?  
    - Yes  - No