

Childhood Trauma Questionnaire

Patient's full name: _____ Date accomplished: _____

Name of attending professional: _____

Instructions: Please rate yourself based on the options below in relation to the following possible traumatic experiences that you may have experienced. Take your time and be honest with your answers. This will be kept confidential.

Item	Never True	Rarely True	Sometimes True	Often True	Very Often True
1. I did not have enough to eat.	☐	☐	☐	☐	☐
2. I had someone to take care of me and protect me.	☐	☐	☐	☐	☐
3. I've been called "stupid," "lazy," and/or "ugly."	☐	☐	☐	☐	☐
4. My parents were too drunk/high to take care of me.	☐	☐	☐	☐	☐
5. Someone helped me feel important.	☐	☐	☐	☐	☐
6. I had to wear dirty clothes.	☐	☐	☐	☐	☐
7. I felt loved.	☐	☐	☐	☐	☐
8. I felt/thought that my parents wished I had never been born.	☐	☐	☐	☐	☐
9. I got hit so hard that I had to see a doctor.	☐	☐	☐	☐	☐
10. There is nothing I want to change in my family.	☐	☐	☐	☐	☐
11. I've been hit so hard that it left bruises and marks.	☐	☐	☐	☐	☐
12. I was punished with a belt, board, cord, or another hard object.	☐	☐	☐	☐	☐
13. My family looked out for each other.	☐	☐	☐	☐	☐
14. My family said hurtful or insulting things to me.	☐	☐	☐	☐	☐
15. I was physically abused.	☐	☐	☐	☐	☐
16. I had a perfect childhood.	☐	☐	☐	☐	☐

Item	Never True	Rarely True	Sometimes True	Often True	Very Often True
17. I got hit badly and it was noticed by a teacher, neighbor, and/or doctor.	☐	☐	☐	☐	☐
18. Someone in my family hated me.	☐	☐	☐	☐	☐
19. My family felt close to each other.	☐	☐	☐	☐	☐
20. Someone tried to touch me in a sexual way or tried to make me touch them.	☐	☐	☐	☐	☐
21. Someone threatened to hurt me unless I did something sexual with them.	☐	☐	☐	☐	☐
22. I have the best family in the world.	☐	☐	☐	☐	☐
23. Someone made me try to do sexual things/watch sexual things.	☐	☐	☐	☐	☐
24. Someone molested me.	☐	☐	☐	☐	☐
25. I was emotionally abused.	☐	☐	☐	☐	☐
26. Someone took me to see the doctor when I needed to/if I needed to	☐	☐	☐	☐	☐
27. I was sexually abused.	☐	☐	☐	☐	☐
28. My family gave me strength and support.	☐	☐	☐	☐	☐

Scoring:

- **Never true** = 1
- **Rarely true** = 2
- **Sometimes true** = 3
- **Often true** = 4
- **Very often true** = 5

Some items have the inverse, though. These specific items are Items 2, 5, 7, 13, 19, 26, and 28. So, “Never true” is equal to 5, and “Very often true” is equal to 1.

SCORE TALLIES →

Bernstein D., Fink L. (1998). Childhood Trauma Questionnaire. A Retrospective Self-Report Questionnaire and Manual. San Antonio, The Psychological Corporation.

Score Tallies:

Physical Abuse	Emotional Abuse	Sexual Abuse	Physical Neglect	Emotional Neglect
9.) _____	3.) _____	20.) _____	1.) _____	*5.) _____
11.) _____	8.) _____	21.) _____	*2.) _____	*7.) _____
12.) _____	14.) _____	23.) _____	4.) _____	*13.) _____
15.) _____	18.) _____	24.) _____	6.) _____	*19.) _____
17.) _____	22.) _____	27.) _____	*26.) _____	*28.) _____
Sum: _____	_____	_____	_____	_____

The * means that the scoring is inversed for them.

To calculate the section below, you only need to look at Items 10, 16, and 22. For each of these, if the patient answers “Very often true,” it’s equivalent to 1 point. If they picked other answers, then it’s equivalent to 0. The maximum score that they can get for Minimization/Denial is 3.

Minimization/Denial
10.) _____
16.) _____
22.) _____
Sum: _____

Level of abuse	Physical Abuse	Emotional Abuse	Sexual Abuse	Physical Neglect	Emotional Neglect
None	7	8	5	7	9
Low	9	12	8	9	14
Moderate	12	15	12	12	17
Severe	13+	16+	13+	13+	18+