

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had someone to take care of me and protect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I've been called "stupid," "lazy," and/or "ugly."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My parents were too drunk/high to take care of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Someone helped me feel important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I had to wear dirty clothes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt loved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt/thought that my parents wished I had never been born.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I got hit so hard that I had to see a doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. There is nothing I want to change in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I've been hit so hard that it left bruises and marks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was punished with a belt, board, cord, or another hard object.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My family looked out for each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My family said hurtful or insulting things to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I was physically abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I had a perfect childhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Someone in my family hated me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My family felt close to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Someone tried to touch me in a sexual way or tried to make me touch them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Someone threatened to hurt me unless I did something sexual with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I have the best family in the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Someone made me try to do sexual things/watch sexual things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Someone molested me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was emotionally abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Someone took me to see the doctor when I needed to/if I needed to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I was sexually abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My family gave me strength and support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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+