

Trauma Reaction Cards Checklist

Client Name: _____

Date: _____

Behavior Reactions

<input type="checkbox"/> Hitting	<input type="checkbox"/> Arguing	<input type="checkbox"/> Not Listening /Defiance
<input type="checkbox"/> Fighting	<input type="checkbox"/> Cursing	<input type="checkbox"/> Breaking Things
<input type="checkbox"/> Running away	<input type="checkbox"/> Crying	<input type="checkbox"/> Outbursts of anger
<input type="checkbox"/> School Problems	<input type="checkbox"/> Lying	<input type="checkbox"/> Bathroom Problems
<input type="checkbox"/> Avoiding people, places, things, or sensations related to the trauma	<input type="checkbox"/> Acting younger than you are	<input type="checkbox"/> Isolating yourself from others
<input type="checkbox"/> Hurting your own body	<input type="checkbox"/> Unsafe sexual practices	<input type="checkbox"/> Trying to end your life
<input type="checkbox"/> Taking out your feelings on people you care about	<input type="checkbox"/> Stealing	<input type="checkbox"/> Trouble with eating
<input type="checkbox"/> Trusting others too quickly/ Inappropriate boundaries	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Using drugs/alcohol/cigarettes
	<input type="checkbox"/> Difficulty separating from caregivers	<input type="checkbox"/> Trouble getting along with others
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Body Reactions

<input type="checkbox"/> Feeling like you are re-experiencing the trauma	<input type="checkbox"/> Being on guard or constantly alert	<input type="checkbox"/> Feeling disconnected from your body
<input type="checkbox"/> Jumpy or Easily Startled	<input type="checkbox"/> Trouble with eating	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Body Feeling Shaky	<input type="checkbox"/> Feeling short of breath	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Trouble with sleep	<input type="checkbox"/> Bellyaches/Nausea	<input type="checkbox"/> Headaches
<input type="checkbox"/> Low energy	<input type="checkbox"/> Body Feeling of Panic	<input type="checkbox"/> _____
<input type="checkbox"/> Body or muscles tense	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Feelings Reactions

<input type="checkbox"/> Guilty	<input type="checkbox"/> Having worries	<input type="checkbox"/> Sad
<input type="checkbox"/> Angry	<input type="checkbox"/> Nervous/anxious	<input type="checkbox"/> Moody/Irritable
<input type="checkbox"/> Ashamed	<input type="checkbox"/> Depressed	<input type="checkbox"/> Helpless
<input type="checkbox"/> Numb	<input type="checkbox"/> Betrayed	<input type="checkbox"/> Hopeless about Future
<input type="checkbox"/> Rejected	<input type="checkbox"/> Easily Upset	<input type="checkbox"/> Not caring about others
<input type="checkbox"/> Not enjoying the things used to	<input type="checkbox"/> Feeling different from others	<input type="checkbox"/> Embarrassed
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Brain & Thinking Reactions

<input type="checkbox"/> "Everyone is unsafe"	<input type="checkbox"/> Not trusting others	<input type="checkbox"/> "It's my fault" or blaming self
<input type="checkbox"/> "The world is a bad place"	<input type="checkbox"/> "I am bad"	<input type="checkbox"/> Memories/Flashbacks
<input type="checkbox"/> Difficulty Concentrating/ Focusing	<input type="checkbox"/> Forgetting parts of the trauma	<input type="checkbox"/> Tring to keep feelings/ thoughts of trauma out of head
<input type="checkbox"/> Thinking nothing good will ever happen	<input type="checkbox"/> Thinking about the safety of loved ones	<input type="checkbox"/> Thoughts about what happened pop into you head
<input type="checkbox"/> Thinking about the trauma often	<input type="checkbox"/> Thinking about dying/ wanting to die	<input type="checkbox"/> Pictures of what happen pop into your head
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Available for FREE download at www.TraumaReactionCards.com

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