

# 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"/> Using drugs/alcohol/cigarettes                           |
| <input type="checkbox"/> Trouble getting along with others                                    | <input type="checkbox"/> Tantrums                              | <input type="checkbox"/> Trusting others too quickly/<br>Inappropriate boundaries |
| <input type="checkbox"/>  | <input type="checkbox"/> Difficulty separating from caregivers | <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"/> Feeling disgusting/gross/dirty      |
| <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"/> Change in spiritual beliefs                         |
| <input type="checkbox"/> Difficulty concentrating/focusing      | <input type="checkbox"/> Forgetting parts of the trauma       | <input type="checkbox"/> Try to keep feelings/thoughts of trauma out of head |
| <input type="checkbox"/> Having memories/flashbacks             | <input type="checkbox"/> Thinking about the trauma often      | <input type="checkbox"/> Thoughts about what happened pop into you head      |
| <input type="checkbox"/> Thinking nothing good will ever happen | <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"/>                                      |  |