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TRAUMA HISTORY QUESTIONNAIRE

	Section 1: Presenting concerns
1.	**What brings you to seek support at this time?**
2.	**What feels most important for you to heal or work on?**
3.	**What symptoms are you currently experiencing (tick or circle all that apply):**
	☐ Anxiety
	☐ Panic attacks
	☐ Depression / low mood
	☐ Sleep difficulties
	☐ Flashbacks / nightmares
	☐ Physical pain (please specify:)
	☐ Numbness / emotional shutdown
	☐ Relationship difficulties
	☐ Other:
	Section 2: Early life experiences
4.	**How would you describe your childhood environment? (loving, chaotic, neglectful, supportive, unsafe, etc.)**
5.	**Who were your primary caregivers, and how did they respond to your needs?**
6.	**Did you experience times as a child when you felt:**
	☐ Unseen or unheard?
	☐ Unloved or unworthy?
	☐ Unsafe or unprotected?
7.	**What positive or safe memories stand out from childhood, if any?**

	Section 3: Significant life events
	Note: Clients do not need to share details — just general experiences.
8.	**Have there been significant losses (death, separation, abandonment)?**
9.	**Have you ever experienced physical harm, violence, or accidents?**
10.	**Have you ever experienced emotional neglect, bullying, or betrayal?**
11.	**Have you ever experienced medical or health-related trauma?**
12.	**Are there any experiences that continue to feel overwhelming when you think about them?**
	Section 4: Trauma patterns & responses
13.	**When you feel stressed or triggered, how do you usually respond?**
14.	**What physical sensations do you notice when stressed (tight chest, stomach knots, headaches, etc.)?**
	☐ Fight (anger, irritability, aggression)
	☐ Flight (anxiety, restlessness, avoidance)
	☐ Freeze (shut down, numbness, dissociation)
	☐ Fawn (people-pleasing, over-compliance)
15.	**Do you experience flashbacks, intrusive thoughts, or body memories?**
16.	**Are there specific triggers you're aware of? (sounds, smells, places, situations, etc.)**
	Section 5: Current life & supports
17.	**Who are your main sources of emotional or social support?**
18.	**What practices, if any, help you cope (journaling, meditation, exercise, prayer, etc.)?**

19.	**Do you use alcohol, food, substances, or other behaviours to manage stress?**
20.	**What helps you feel safe, calm, or grounded in the present?**
	Section 6: Health & care
21.	**Are you currently under medical or psychological care?**
22.	**Are you taking any medications (if yes, please specify)?**
23.	**Have you ever been diagnosed with a mental health condition (anxiety, depression, PTSD, etc.)?**
24.	**Do you have any chronic health conditions or past surgeries?**
	Section 7: Client's goals & hopes
25.	**If healing were possible, what would you most want to change in your life?**
26.	**How would your body feel different if you were free from trauma?**
27.	**How would your relationships shift?**
28.	**What does "healing" or "wholeness" mean to you personally?**

Practitioner Notes Section

(For use during/after session – not filled by client)

- Observed regulation/dysregulation: _____
- Coping strategies identified: _____
- Signs of overwhelm / dissociation: _____
- Grounding used during session: _____
- Practitioner reflections: _____

Key Notes for Practitioners

- Always reassure*: You don't need to share details you are not ready to.*
- Pause whenever client shows signs of overwhelm (shallow breath, blankness, agitation).
- Balance difficult questions with resourcing: *What helps you feel safe?*
- Remember: The goal is to map patterns and impact, not re-live trauma.