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## **TRAUMA HISTORY QUESTIONNAIRE**

### **Optional Background:**

**1. What was your childhood like?**

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**2. What were your teens years like?**

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**3. What were your adult life like?**

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### **Section 1: Presenting concerns**

**1. What brings you to seek support at this time?**

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**2. What feels most important for you to heal or work on?**

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**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?**

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**10. Have you ever experienced emotional neglect, bullying, or betrayal?**

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**11. Have you ever experienced medical or health-related trauma?**

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**12. Are there any experiences that continue to feel overwhelming when you think about them?**

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**Section 4: Trauma patterns & responses**

**13. When you feel stressed or triggered, how do you usually respond?**

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**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?**

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**16. Are there specific triggers you're aware of? (sounds, smells, places, situations, etc.)**

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**Section 5: Current life & supports**

**17. Who are your main sources of emotional or social support?**

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**18. What practices, if any, help you cope (journaling, meditation, exercise, prayer, etc.)?**

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**19. Do you use alcohol, food, substances, or other behaviours to manage stress?**

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**20. What helps you feel safe, calm, or grounded in the present?**

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### **Section 6: Health & care**

**21. Are you currently under medical or psychological care? Any suicidal thoughts (ask gently)**

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**22. Are you taking any medications (if yes, please specify)?**

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**23. Have you ever been diagnosed with a mental health condition (anxiety, depression, PTSD, etc.)?**

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**24. Do you have any chronic health conditions or past surgeries?**

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### **Section 7: Client's goals & hopes**

**25. If healing were possible, what would you most want to change in your life?**

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**26. How would your body feel different if you were free from trauma?**

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**27. How would your relationships shift?**

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**28. What does “healing” or “wholeness” mean to you personally?**

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### **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.