

# Psychological Assessment Form for Trauma Survivors

**Instructions:** This **psychological assessment form** sample is designed specifically for trauma survivors to help clinicians accurately evaluate their mental health status. It includes structured questions and scales that facilitate the identification of symptoms related to trauma and guide effective treatment planning. Utilizing this form ensures a comprehensive and empathetic approach to trauma-informed care.

## 1. Basic Information

Name:

Date of Birth:

Date of Assessment:

Clinician:

## 2. Presenting Concerns

Please describe the main reason(s) for seeking assessment:

## 3. Trauma History

Briefly describe any traumatic event(s) experienced:

When did the trauma occur?

## 4. Symptom Assessment

For each symptom, please rate how often you have experienced it over the past month. (0 = Not at all, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Almost always)

### Symptom

Intrusive memories/flashbacks

Avoidance of reminders

Feeling emotionally numb

Hypervigilance (constantly on guard)

Difficulty sleeping

Feelings of shame or guilt

0

1

2

3

4

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## 5. Functional Impact

How have these symptoms affected your daily life, work, or relationships?

## 6. Coping and Support

What strategies have helped you cope with your experiences?

Who are your main supports (family, friends, community, etc.)?

## 7. Risk and Safety

Are you currently experiencing any thoughts of self-harm or suicide?

If yes, please provide details or discuss with your clinician:

## 8. Clinician Observations (For Clinical Use Only)

Clinical observations, impressions, and recommendations:

Submit

This form is for informational and assessment purposes only and should be used by qualified mental health professionals within appropriate clinical guidelines and trauma-informed care practices.