



TF-CBT DEMOGRAPHIC FORM

****FOR DATA CENTER USE ONLY****

Site ID: _____ Client TCTY #: _____ P1 P2

SITE INFORMATION:

Clinician: _____ Agency: _____ Date: _____

CLIENT INFORMATION:

<p>Child Age: _____</p> <p>Grade: _____</p> <p>Sex Assigned at Birth: _____</p> <p>Gender Identity: _____</p> <p style="padding-left: 40px;">If different identity, please specify: _____</p>	<p>Race/ethnicity (Please choose one): <i>Please choose 'Other' if you want to further explain.</i></p> <p>Caucasian American Indian Latino/Latina Asian African American More than one race Other: _____</p> <p>Recent Immigrant: Yes No</p>
<p>Trauma Type (Check all that apply):</p> <p>Sexual Abuse Commercial Sexual Exploitation Physical Abuse Neglect Psychological Abuse Witnessing Domestic Violence Witnessing Violence Natural Disaster Accident Traumatic Loss Medical Trauma Other: _____</p>	<p>Caregiver Involved in Tx (Check + radio):</p> <p>Bio Parent(s): Mom Dad Both</p> <p>Adoptive Parent(s): Mom Dad Both</p> <p>Step Parent: Mom Dad</p> <p>Foster Care Parent Relative Residential Facility Staff No Caregiver Available Other: _____</p>

ASSESSMENTS:

Do you think the assessments you are reporting are valid? Yes No

If NO, please check all the reasons why you feel the assessment was not valid:

- The subject minimized what happened and/or its effects
- The subject did not want to answer questions or complete questionnaires
- The information from the assessment did not correspond to what was reported or observed by clinicians
- The subject was afraid to reveal information
- Other: _____