Client ID: _____

Part 10. Trauma History - Life Incidence of Traumatic Events – Self Assessment					
Did this ever happen to you?		How many times?	How old were you the first time?	How much did it upset you *then*?	How much does it upset you *now*?
1. Been in a car accident	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
2. Been hurt in another kind of accident or sick in the hospital	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
3. Seen someone else get hurt	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
4. Someone in the family in the hospital (hurt or sick)	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
5. Someone in the family died	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
6. Friend very sick, hurt or died	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
7. Been in a fire	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
8. Been in a hurricane, tornado, flood, or mudslide (circle which) (one line for each).	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
9. Parents (or grown-ups) broke things or hurt each other	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
10. Parents separated or divorced	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
11. Been hit, whipped, beaten, or hurt by someone	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
12. Been tied up, or locked in a small space	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
(d) Been made to do sex things	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
13. Been threatened (someone said they would do something bad)	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
14. Been robbed (or house robbed)	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots
15. Other scary or upsetting event (what was it?_____)	☐ No ☐ Yes	____	____	☐ None ☐ Some ☐ Lots	☐ None ☐ Some ☐ Lots