Traumatic Life Events Questionnaire ©

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Please check off the appropriate boxes below, and then give this form to your therapist.

Did you or people close to you experience or witness any of these events as a child or adult?	Were you bothered by this at the time?	Are you bothered by this now?
Natural Disaster		
□ Flood	□ yes □ no	□ yes □ no
□ Hurricane/tornado	□ yes □ no	□ yes □ no
□ Fire	□ yes □ no	□ yes □ no
□ Earthquake	□ yes □ no	□ yes □ no
Accidents		
□ Medical/surgical error	□ yes □ no	□ yes □ no
□ Motor vehicle accident	□ yes □ no	□ yes □ no
□ Plane crash	□ yes □ no	□ yes □ no
□ Drowning	□ yes □ no	□ yes □ no
□ Explosion	□ yes □ no	□ yes □ no
□ Chemical/gas leak	□ yes □ no	□ yes □ no
□ Building collapse	□ yes □ no	□ yes □ no

Did you or people close to you experience or witness any of these events as a child or adult?	Were you bothered by this at the time?	Are you bothered by this now?
Illness		
□ Unexpected death of loved one	□ yes □ no	□ yes □ no
□ Serious medical illness	□ yes □ no	□ yes □ no
□ Serious mental illness	□ yes □ no	□ yes □ no
Neglect/humiliation		
□ Being denied food or water	□ yes □ no	□ yes □ no
□ Left alone for long periods	□ yes □ no	□ yes □ no
□ Put in dangerous situations	□ yes □ no	□ yes □ no
□ Verbally humiliated or ignored	□ yes □ no	□ yes □ no
□ Forced to perform humiliating actions	□ yes □ no	□ yes □ no
□ Insulted/treated as worthless	□ yes □ no	□ yes □ no
□ Teased/bullied	□ yes □ no	□ yes □ no
Control		
□ Being locked in a room/closet	□ yes □ no	□ yes □ no
□ Controlled your use of phone	□ yes □ no	□ yes □ no
□ Being stalked	□ yes □ no	□ yes □ no
□ Controlled your contact with others	□ yes □ no	□ yes □ no
□ Controlled your possessions	□ yes □ no	□ yes □ no
□ Forced to take drugs or alcohol	□ yes □ no	□ yes □ no

Did you or people close to you experience or witness any of these events as a child or adult?	Were you bothered by this at the time?	Are you bothered by this now?
Physical punishment		
□ Being hit, kicked, thrown, dragged, or tied up	□ yes □ no	□ yes □ no
□ Being bruised, burned, cut, or given broken bones	□ yes □ no	□ yes □ no
□ Witness violence on other family members	□ yes □ no	□ yes □ no
Unwanted sexual contact		
□ Forced intercourse (oral, anal, or vaginal)	□ yes □ no	□ yes □ no
□ Forced masturbation	□ yes □ no	□ yes □ no
□ Forced to watch pornography	□ yes □ no	□ yes □ no
□ Being fondled against your will	□ yes □ no	□ yes □ no
□ Forced to perform sexual acts in front of others	□ yes □ no	□ yes □ no
□ Being filmed or videotaped	□ yes □ no	□ yes □ no
□ Being prostituted	□ yes □ no	□ yes □ no
Assault and robbery		
□ Victim of robbery	□ yes □ no	□ yes □ no
□ Assaulted with a weapon	□ yes □ no	□ yes □ no
□ Threatened to be killed	□ yes □ no	□ yes □ no

Did you or people close to you experience or witness any of these events as a child or adult?	Were you bothered by this at the time?	Are you bothered by this now?
□ Beaten up	□ yes □ no	□ yes □ no
□ Kidnapped/held hostage	□ yes □ no	□ yes □ no
□ Witnessed a murder/assault	□ yes □ no	□ yes □ no

Stigma and Prejudice

(Harm due to your:)

□ Race	□ yes □ no	□ yes □ no
□ Gender	□ yes □ no	□ yes □ no
□ Age	□ yes □ no	□ yes □ no
□ Ethnic or National Identity	□ yes □ no	□ yes □ no
□ Income	□ yes □ no	□ yes □ no
□ Sexual Orientation	□ yes □ no	□ yes □ no
□ Religion	□ yes □ no	□ yes □ no
□ Non-conventional family	□ yes □ no	□ yes □ no

War

□ Served in a combat zone	□ yes □ no	□ yes □ no
□ Treated the wounded	□ yes □ no	□ yes □ no
□ Being fired upon	□ yes □ no	□ yes □ no
□ Close-hand combat	□ yes □ no	□ yes □ no
□ Prisoner of war	□ yes □ no	□ yes □ no
□ Friendly fire	□ yes □ no	□ yes □ no

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Other events		
□ Miscarriage/stillbirth	□ yes □ no	□ yes □ no
□ Abortion	□ yes □ no	□ yes □ no
□ Foster or residential care	□ yes □ no	□ yes □ no
□ Removed from home by the State	□ yes □ no	□ yes □ no
□ Homeless/lived on streets	□ yes □ no	□ yes □ no
□ Subject of lawsuit	□ yes □ no	□ yes □ no
□ Being falsely accused	□ yes □ no	□ yes □ no
□ Arrest/imprisonment	□ yes □ no	□ yes □ no
□ Hospitalized against your will	□ yes □ no	□ yes □ no
□ Being embezzled/blackmailed	□ yes □ no	□ yes □ no
□ Spouse/partner had an affair	□ yes □ no	□ yes □ no
□ Unexpected demotion or loss of job	□ yes □ no	□ yes □ no
□ Identity theft	□ yes □ no	□ yes □ no

Thank you.