

# Traumatic Life Events

The next few questions are about important life experiences that can affect a person's emotional well-being or later quality of life.

The events listed below are far more common than people realize. Please read each question carefully and mark the answers that best describe your experience.

**1** Have you ever experienced a natural disaster such as a flood, hurricane, earthquake, etc.?

- <sub>1</sub> Never → (SKIP TO 2)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**1a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**1b** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**1c** Was someone you cared about or close by seriously injured, or killed?

- <sub>1</sub> Yes
- <sub>2</sub> No

**1d** Did you think a loved one was in danger of being killed by the disaster?

- <sub>1</sub> Yes
- <sub>2</sub> No

**1e** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**2** Were you involved in a motor vehicle accident for which you received medical attention or that badly injured or killed someone?

- <sub>1</sub> Never → (SKIP TO 3)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**2a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**2b** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**2c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**3** Have you been in any other kind of accident where you or someone else was badly hurt? For example: a plane crash, drowning or near drowning, an electrical or machinery accident, an explosion, home fire, chemical leak, or overexposure to radiation or toxic chemicals.

- <sub>1</sub> Never → (SKIP TO 4)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**3a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**3b** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**3c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**4** Have you lived, worked, or had military service in a war zone?

- <sub>1</sub> Yes
- <sub>2</sub> No → (SKIP TO 5)

**4a** Were you ever exposed to warfare or combat? For example, you were in the vicinity of a rocket attack or people being fired upon or saw someone get wounded or killed.

- <sub>1</sub> Never → (SKIP TO 5)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**4b** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**4c** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**4d** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**5** Have you experienced the sudden and unexpected death of a close friend or loved one?

- <sub>1</sub> Never → (SKIP TO 6)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**5a** Was this due to an:

- <sub>1</sub> Accident
- <sub>2</sub> Suicide
- <sub>3</sub> Murder
- <sub>77</sub> Other

Specify: \_\_\_\_\_

**5b** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**5c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**6** Has a loved one ever survived a life threatening or permanently disabling accident, assault or illness?

- <sub>1</sub> Never → (SKIP TO 7)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**6a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**6b** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**7** Have you ever had a life-threatening illness?

- <sub>1</sub> Never → (SKIP TO 8)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**7a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**7b** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**8** Have you ever been robbed or been present during a robbery where the robber(s) used or displayed a weapon?

- <sub>1</sub> Never → (SKIP TO 9)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**8a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**8b** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**8c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**9** Have you ever been hit or beaten up and badly hurt by a stranger or someone you did not know well?

- <sub>1</sub> Never → (SKIP TO 10)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**9a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**9b** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**9c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**10** Have you seen a stranger or someone you did not know very well attack or beat up someone and seriously injure or kill them?

- <sub>1</sub> Never →(SKIP TO 11)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**10a** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**10b** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**11** Has anyone ever threatened to kill you or cause you serious physical harm?

- <sub>1</sub> Never →(SKIP TO 12)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**11a** Who did this to you?

- <sub>1</sub> Stranger
- <sub>2</sub> Friend/acquaintance
- <sub>3</sub> Relative
- <sub>4</sub> Intimate partner

**11b** Did you experience intense fear, helplessness or horror when it happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**11c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

12 **While you were growing up, were you physically punished in a way that resulted in bruises, burns, cuts or broken bones?**

- <sub>1</sub> Never →(SKIP TO 13)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

12a **Did you experience intense fear, helplessness or horror when it happened?**

- <sub>1</sub> Yes
- <sub>2</sub> No

12b **How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE

13 **While you were growing up, did you see or hear family violence such as your father hitting your mother or any family member beating up or inflicting bruises, burns or cuts on another family member?**

- <sub>1</sub> Never →(SKIP TO 14)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

13a **Did you experience intense fear, helplessness or horror when it happened?**

- <sub>1</sub> Yes
- <sub>2</sub> No

13b **How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE

**14 Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your spouse or former spouse, boy/girlfriend, or some other intimate partner?**

- <sub>1</sub> Never →(SKIP TO 15)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**14a Did you experience intense fear, helplessness or horror when it happened?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**14b Were you seriously injured?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**14c Has more than one intimate partner physically hurt you?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**14d How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE



**15** Before your 13<sup>th</sup> birthday, did anyone who was at least five years older than you touch or fondle your body in a sexual way or make you touch or fondle their body in a sexual way?

- <sub>1</sub> Never →(SKIP TO 16)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**15a** Was the person a:

- <sub>1</sub> Stranger
- <sub>2</sub> Friend or acquaintance
- <sub>3</sub> Parent or caregiver
- <sub>4</sub> Other relative

**15b** Was threat or force used?

- <sub>1</sub> Yes
- <sub>2</sub> No

**15c** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**15d** Was there oral, anal or vaginal penetration?

- <sub>1</sub> Yes
- <sub>2</sub> No

**15e** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**15f** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**16** Before your 13<sup>th</sup> birthday, did anyone close to your age touch sexual parts of your body or make you touch sexual parts of their body against your will or without your consent?

- <sub>1</sub> Never →(SKIP TO 17)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**16a** Was the person a:

- <sub>1</sub> Stranger
- <sub>2</sub> Friend or acquaintance
- <sub>3</sub> Relative

**16b** Was threat or force used?

- <sub>1</sub> Yes
- <sub>2</sub> No

**16c** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**16d** Was there oral, anal or vaginal penetration?

- <sub>1</sub> Yes
- <sub>2</sub> No

**16e** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**16f** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**17** After your 13<sup>th</sup> birthday and before your 18<sup>th</sup> birthday, did anyone touch sexual parts of your body or make you touch sexual parts of their body against your will or without your consent?

- <sub>1</sub> Never →(SKIP TO 18)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**17a** Was the person a:

- <sub>1</sub> Stranger
- <sub>2</sub> Friend or acquaintance
- <sub>3</sub> Relative
- <sub>4</sub> Intimate partner

**17b** Was threat or force used?

- <sub>1</sub> Yes
- <sub>2</sub> No

**17c** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**17d** Was there oral, anal or vaginal penetration?

- <sub>1</sub> Yes
- <sub>2</sub> No

**17e** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**17f** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**18** After your 18<sup>th</sup> birthday, did anyone touch sexual parts of your body or make you touch sexual parts of their body against your will or without your consent?

- <sub>1</sub> Never →(SKIP TO C.19)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**18a** Was the person a:

- <sub>1</sub> Stranger
- <sub>2</sub> Friend or acquaintance
- <sub>3</sub> Relative
- <sub>4</sub> Intimate partner

**18b** Was threat or force used?

- <sub>1</sub> Yes
- <sub>2</sub> No

**18c** Were you seriously injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**18d** Was there oral, anal or vaginal penetration?

- <sub>1</sub> Yes
- <sub>2</sub> No

**18e** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**18f** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**19** Has anyone ever stalked you? For example, followed you or kept track of your activities in a way that caused you to feel intimidated or concerned for your safety.

- <sub>1</sub> Never →(SKIP TO 20)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**19a** Was the person a:

- <sub>1</sub> Stranger
- <sub>2</sub> Friend or acquaintance
- <sub>3</sub> Relative
- <sub>4</sub> Intimate partner

**19b** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**19c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**20** Have you or a romantic partner ever had a miscarriage?

- <sub>1</sub> Never →(SKIP TO C.21)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**20a** Did you experience intense fear, helplessness or horror when this event happened?

- <sub>1</sub> Yes
- <sub>2</sub> No

**20b** Did it ever happen after you or your partner was physically injured?

- <sub>1</sub> Yes
- <sub>2</sub> No

**20c** How old were you when this event first occurred or happened to you?

\_\_\_\_\_ AGE

**21 Have you or a romantic partner ever had an abortion?**

- <sub>1</sub> Never →(SKIP TO 22)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**21a Did you experience intense fear, helplessness or horror when this event happened?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**21b How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE

**22 Have you experienced or seen any events that were life threatening, caused serious injury, or were highly disturbing or distressing? For example, being lost in the wilderness, a serious animal bite, violent death of a pet, being kidnapped or held hostage, or seeing a mutilated body or body parts.**

- <sub>1</sub> Never →(SKIP TO 23)
- <sub>2</sub> Once
- <sub>3</sub> Twice
- <sub>4</sub> 3 times
- <sub>5</sub> 4 times
- <sub>6</sub> 5 times
- <sub>7</sub> More than 5 times

**22a Please describe this experience using the space below.**

**22b Did you experience intense fear, helplessness or horror when this event happened?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**22c How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE

**23 Of the events that you reported earlier in questions 1 through 22, please check the box next to the ONE event that currently causes you the most distress.**

1 None of these events happened to me —▶ (SKIP TO NEXT SECTION)

**Please only mark one item below.**

- 2 Natural disaster
- 3 Motor vehicle accident
- 4 “Other” kind of accident
- 5 Combat or warfare
- 6 Sudden death of a friend or loved one
- 7 Life threatening illness of friend or loved one
- 8 Your own life threatening illness
- 9 Robbery where a weapon was used
- 10 An assault on you by an acquaintance or stranger
- 11 Witnessed severe assault to acquaintance or stranger
- 12 Threatened with death or serious harm
- 13 Were physically punished when you were growing up
- 14 Witnessed family violence when you were growing up
- 15 Physically hurt by an intimate partner
- 16 Sexual contact with someone at least 5 years older before you were age 13
- 17 Unwanted sexual contact with someone close to your age before you were age 13
- 18 Unwanted sexual contact as a teenager
- 19 Unwanted sexual contact as an adult
- 20 Being stalked
- 21 Miscarriage (yours or a partner’s)
- 22 Abortion (yours or a partner’s)
- 23 Some “other” traumatic event

**24 Please think about the event you marked in the above question.**

**How old were you when this event first occurred or happened to you?**

\_\_\_\_\_ AGE

99 Less than one year old

**25 When did this event last occurred or happened to you?**

\_\_\_\_\_ AGE

77 Event only happened once – same age/time as noted above

99 Less than one year old

**26 How much distress, anxiety, worry, sadness, frustration or grief does this event cause you?**

1 No distress

2 Slight distress

3 Moderate distress

4 Considerable distress

5 Extreme distress