

Trauma History Screen (Carlson, 2005)

The events below may or may not have happened to you. Circle "YES" if that kind of thing has happened to you or circle "NO" if that kind of thing has not happened to you. **If you circle "YES" for any events:** put a number in the blank next to it to show how many times something like that happened.

			Number of times something like this happened
A. A really bad car, boat, train, or airplane accident	NO	YES	_____
B. A really bad accident at work or home	NO	YES	_____
C. A hurricane, flood, earthquake, tornado, or fire	NO	YES	_____
D. Hit or kicked hard enough to injure - as a child	NO	YES	_____
E. Hit or kicked hard enough to injure - as an adult	NO	YES	_____
F. Forced or made to have sexual contact - as a child	NO	YES	_____
G. Forced or made to have sexual contact - as an adult	NO	YES	_____
H. Attack with a gun, knife, or weapon	NO	YES	_____
I. During military service - seeing something horrible or being badly scared	NO	YES	_____
J. Sudden death of close family or friend	NO	YES	_____
K. Seeing someone die suddenly or get badly hurt or killed	NO	YES	_____
L. Some other sudden event that made you feel very scared, helpless, or horrified.	NO	YES	_____
M. Sudden move or loss of home and possessions.	NO	YES	_____
N. Suddenly abandoned by spouse, partner, parent, or family.	NO	YES	_____

Did any of these things really bother you emotionally? NO YES

If you answered "YES", fill out a box to tell about EVERY event that really bothered you.

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

IF THERE WERE MORE EVENTS THAT REALLY BOTHERED YOU, GO TO NEXT PAGE.

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

IF THERE WERE MORE EVENTS THAT REALLY BOTHERED YOU, GO TO OTHER SIDE.

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

At that time, how much did it bother you emotionally? not at all / a little / somewhat / much / very much

IF THERE WERE MORE EVENTS THAT REALLY BOTHERED YOU, PLEASE ASK FOR ANOTHER SHEET.