

Trauma Questionnaire

Please indicate if you experienced any of the following traumatic events, the age(s) at which they occurred, and how many times they occurred.

Check here if you experienced NONE of the traumas listed below. You may skip to the next section.

	Yes	No	At What Age(s)?	How Many Times?
1. Natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
2. Transportation accident (e.g., car accident, boat accident, train wreck, plane crash)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
3. Physical assault (e.g., being attacked, hit, slapped, kicked, beaten up) as a child	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
4. Physical assault (e.g., being attacked, hit, slapped, kicked, beaten up) as an adult	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
5. Sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm) as a child	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
6. Sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm) as an adult	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
7. Combat, exposure to a war-zone, or captivity (in the military or as a civilian)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
8. Life-threatening illness or injury	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
9. Sudden, unexpected death of or injury to someone close to you	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
10. Serious injury, harm, or death to someone else you caused or witnessed	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>