

STRESSFUL LIFE EVENTS SCREENING QUESTIONNAIRE - REVISED

The items listed below refer to events that may have taken place at any point in your entire life, including early childhood. **If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire.** (Please print or write neatly).

1. Have you ever had a life-threatening illness?

No _____ Yes _____ If yes, at what age? _____

Duration of Illness _____

Describe specific illness _____

2. Were you ever in a life-threatening accident?

No _____ Yes _____ If yes, at what age? _____

Describe accident _____

Did anyone die? _____ Who? (Relationship to you) _____

What physical injuries did you receive? _____

Were you hospitalized overnight? No _____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?

No _____ Yes _____ If yes, at what age? _____

How many perpetrators? _____

Describe physical force (e.g., restrained, shoved) or weapon used against you.

Did anyone die? _____

Who? _____

What injuries did you receive? _____

Was your life in danger? _____

4. Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide?

No _____ Yes _____ If yes, how old were you? _____

How did this person die? _____

Relationship to person lost _____

In the year before this person died, how often did you see/have contact with him/her? _____

Have you had a miscarriage? No _____ Yes _____ If yes, at what age? _____

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever physically forced you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?

No _____ Yes _____ If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify stranger, parent, etc.) _____

Has anyone **else** ever done this to you? No _____ Yes _____

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?

No _____ Yes _____ If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify sibling, date, etc.) _____

What age was this person? _____

Has anyone **else** ever done this to you? No _____ Yes _____

7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?

No _____ Yes _____ If yes, at what age _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more than 2 yrs. but less than 5 yrs _____, 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt) _____

Were you ever injured? _____ If yes, describe _____

Who did this? (Relationship to you) _____

Has anyone **else** ever done this to you? No _____ Yes _____

8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?

No _____ **Yes** _____ If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt) _____

Were you ever injured? _____ If yes, describe _____

Who did this? (Relationship to you) _____

If sibling, what age was he/she _____

Has anyone **else** ever done this to you? No _____ Yes _____

9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?

No _____ **Yes** _____ If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Relationship to you) _____

If sibling, what age was he/she _____

Has anyone **else** ever done this to you? No_____ Yes _____

10. Other than the experiences already covered, has anyone ever threatened you with a weapon like a knife or gun?

No _____ **Yes** _____ If yes, at what age? _____

If yes, how many times? 1 _____ , 2-4 _____ , 5-10 _____, more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Describe nature of threat _____

Who did this? (Relationship to you) _____

Has anyone **else** ever done this to you? No_____ Yes _____

11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?

No _____ **Yes** _____ If yes, at what age? _____

Please describe what you witnessed _____

Was your own life in danger? _____

12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?

No_____ **Yes**_____

If yes, at what age? _____ Please describe. _____

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?

No_____ **Yes**_____

If yes, at what age? _____ Please describe. _____
