

T. E. C.

People may experience a variety of traumatic experiences during their life. We would like to know three things: 1) if you have experienced any of the following 29 events, 2) how old you were when they happened, and 3) how much of an impact these experiences had upon you.

- A) In the first column (i.e., Did this happen to you?), indicate whether you had each of the 29 experiences by circling YES or NO.
- B) For each experience where you circled YES, list in the second column (i.e., Age) your age when it happened.
If it happened more than once, list ALL of the ages when this happened to you.
If it happened for years (e.g., age 7-12), list the age range (i.e., age 7-12).
- C) In the final column (i.e., How much impact did this have on you?), indicate the IMPACT (by circling the appropriate number): 1, 2, 3, 4, or 5.

- 1 = none
- 2 = a little bit
- 3 = a moderate amount
- 4 = quite a bit
- 5 = an extreme amount

Example:

	Did this happen to you?	Age	How much impact did this have on you?
You were teased	no yes	.....	1 2 3 4 5

Thank you for your cooperation.

	Did this happen to you?	Age	How much impact did this have on you?
			1 = none 2 = a little bit 3 = a moderate amount 4 = quite a bit 5 = an extreme amount
1. Having to look after your parents and/or brothers and sisters when you were a child.	no yes	.....	1 2 3 4 5
2. Family problems (e.g., parent with alcohol or psychiatric problems, poverty).	no yes	.....	1 2 3 4 5
3. Loss of a family member (brother, sister, parent) when you were a CHILD.	no yes	.....	1 2 3 4 5
4. Loss of a family member (child or partner) when you were an ADULT.	no yes	.....	1 2 3 4 5
5. Serious bodily injury (e.g., loss of a limb, mutilation, burns).	no yes	.....	1 2 3 4 5
6. Threat to life from illness, an operation, or an accident.	no yes	.....	1 2 3 4 5
7. Divorce of your parents	no yes	.....	1 2 3 4 5
8. Your own divorce	no yes	.....	1 2 3 4 5
9. Threat to life from another person (e.g., during a crime).	no yes	.....	1 2 3 4 5
10. Intense pain (e.g., from an injury or surgery).	no yes	.....	1 2 3 4 5

	Did this happen to you?	Age	How much impact did this have on you? 1 = none 2 = a little bit 3 = a moderate amount 4 = quite a bit 5 = an extreme amount
11. War-time experiences (e.g., imprisonment, loss of relatives, deprivation, injury).	no yes	.....	1 2 3 4 5
12. Second generation war-victim (war-time experiences of parents or close relatives)	no yes	.....	1 2 3 4 5
13. Witnessing others undergo trauma.	no yes	.....	1 2 3 4 5
14. Emotional neglect (e.g., being left alone, insufficient affection) by your parents, brothers or sisters.	no yes	.....	1 2 3 4 5
15. Emotional neglect by more distant members of your family (e.g., uncles, aunts, nephews, nieces, grandparents).	no yes	.....	1 2 3 4 5
16. Emotional neglect by non-family members (e.g., neighbors, friends, step-parents, teachers).	no yes	.....	1 2 3 4 5
17. Emotional abuse (e.g., being belittled, teased, called names, threatened verbally, or unjustly punished) by your parents, brothers or sisters.	no yes	.....	1 2 3 4 5

	Did this happen to you?	Age	How much impact did this have on you? 1 = none 2 = a little bit 3 = a moderate amount 4 = quite a bit 5 = an extreme amount
18. Emotional abuse by more distant members of your family.	no yes	.....	1 2 3 4 5
19. Emotional abuse by non-family members.	no yes	.....	1 2 3 4 5
20. Physical abuse (e.g., being hit, tortured, or wounded) by your parents, brothers, or sisters.	no yes	.....	1 2 3 4 5
21. Physical abuse by more distant members of your family.	no yes	.....	1 2 3 4 5
22. Physical abuse by non-family members.	no yes	.....	1 2 3 4 5
23. Bizarre punishment If applicable, please describe:	no yes	.....	1 2 3 4 5
24. Sexual harassment (acts of a sexual nature that DO NOT involve physical contact) by your parents, brothers, or sisters.	no yes	.....	1 2 3 4 5
25. Sexual harassment by more distant members of your family.	no yes	.....	1 2 3 4 5

	Did this happen to you?	Age	How much impact did this have on you? 1 = none 2 = a little bit 3 = a moderate amount 4 = quite a bit 5 = an extreme amount
26. Sexual harassment by non-family members.	no yes	.....	1 2 3 4 5
27. Sexual abuse (unwanted sexual acts involving physical contact) by your parents, brothers, or sisters.	no yes	.....	1 2 3 4 5
28. Sexual abuse by more distant members of your family.	no yes	.....	1 2 3 4 5
29. Sexual abuse by non-family members.	no yes	.....	1 2 3 4 5

30. If you were mistreated or abused, how many people did this to you?

A) Emotional maltreatment (if you answered YES to any of the questions 14-19).

Numbers of persons:

B) Physical maltreatment (if you answered YES to any of the questions 20-23).

Number of persons:

C) Sexual harassment (if you answered YES to any of the questions 24-26).

Number of persons:

D) Sexual abuse (if you answered YES to any of the questions 27-29).

Number of persons:

31. Please describe your relationship with each person mentioned in your answer to question 30 (e.g., father, brother, friend, teacher, stranger, etc.), and add if the person(s) was (were) at least 4 years older than you at the time when the experience(s) occurred. For example, write "friend (-)" if this friend was less than 4 years older than you. Write "uncle (+)" if this uncle was more than 4 years older than you.

- A) Emotional neglect
-
- B) Emotional abuse
-
- C) Physical abuse
-
- D) Sexual harassment
-
- E) Sexual abuse
-

32. Please describe any OTHER traumatic events that had an impact on you.

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33. If you have answered YES to any of the questions 1-29, how much support did you receive afterwards?

(give the number of the question and the level of support)

<u>Question number</u>	<u>Level of support (0 = none, 1 = Some, 2 = Good)</u>
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.....

You are asked to fill in and place an X beside what applies to you.

34. Age: years
35. Sex: female
 male
36. Marital status: single
 married
 living together
 divorced
 widower/widow
37. Education: number of years
38. Today's date /...../.....
 (day) (month) (year)
39. Name:

Thank you very much for your cooperation.