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 ______
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. ____________________________

________________________________________________________________________

The interviewer should determine if the respondent is reporting the same incident in multiple questions, and should record it in the most appropriate category.