NSLIJHS TRAUMA HISTORY CHECKLIST AND INTERVIEW

Date: ____________ Interviewer: _________________________ Eval #: ______________

“Sometimes things happen to people that are extremely upsetting, things like being in a life-threatening situation. I’d like to ask if any of these kinds of things have happened to you at any time during your life. You don’t need to give me a lot of details.”

Place “Y” or “N” before each item. Write notes to the right and list the most significant trauma at the bottom of this sheet. Provide details only for A1 traumas as defined by the DSM-IV criterion for PTSD. Include information regarding age of onset and duration of trauma. It is not necessary to include detail about items endorsed if they were not traumatic. Include information that others may consider to be traumatic, even if the adolescent does not view it as such.

Please DESCRIBE any significant DETAILS for each A1 Trauma:

1. ___ Have you ever been in a major natural disaster, like a hurricane, earthquake, or flood?
2. ___ Have you ever been directly affected by a terrorist attack like 9/11?
3. ___ Have you or anyone in your family been involved in or affected by a war?
4. ___ Have you ever been in a fire?
5. ___ Have you ever been in a serious car accident?
6. ___ Has there ever been a time when you were seriously hurt or injured?
7. ___ Have you ever been in the hospital or undergone treatment for any serious or life-threatening illness or injuries?
8. ___ Have your parents or sibling(s) ever been in the hospital or undergone treatment for any serious or life-threatening problems?
9a. ___ Has anyone ever hit you or beaten you up (physically assaulted you?)
9b. ___ Has anyone ever threatened to physically assault you?
10a. ___ Have you ever been hit or intentionally hurt by a family member?
10b. ___ If yes, did you have bruises, marks or injuries?
11a. ___ Was there a time when adults who were supposed to be taking care of you didn’t?
11b. ___ Have you lived with someone other than your parents while you were growing up?
11c. ___ Has there ever been a time when you did not have enough food to eat?
12. ___ Have you ever been homeless?
13a. ___ Have you ever seen or heard someone in your family/house being beaten up or
13b. ___ Have you ever seen or heard someone in your family/house get threatened with bodily harm?
14a. ___ Have you ever seen or heard someone being beaten, or seen someone who was badly hurt?
14b. ___ Have you ever seen someone who was dead or dying, or watched or heard them being killed?
   Was this person a stranger, acquaintance, close friend, or family member? _________ (specify)
15. ___ Has anyone ever told you details of how someone you were close to was injured or killed?
16. ___ Have you ever been threatened with a weapon?
17. ___ Has anyone ever stalked you?
18. ___ Did anyone ever try to kidnap you?
19a. ___ Has anyone ever made you do sexual things you didn’t want to do, like touch you, make you touch them, or try to have any kind of sex with you?
19b. ___ Has anyone ever tried to make you do sexual things you didn’t want to do?
19c. ___ Has anyone ever forced you to have intercourse?
19d. ___ Has anyone ever tried to force you to have intercourse?
20. ___ Is there anything else really scary or very upsetting that has happened to you that I haven’t asked you about? Sometimes people have something in mind but they’re not comfortable talking about the details. Is that true for you?

Most Significant Traumatic Event(s)

Of the things we’ve talked about, which is the worst? Which still really bothers you?

Brief Description (include corresponding item number from the list above): Date (Month/Yr) Age Duration

____________________________________________________________ _____________ _______ _______

IF NO SUCH EVENTS, CHECK HERE ___