

LIFE TRAUMA INVENTORY - Mark each experience Yes or No with "X"

1. Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion) Yes No
2. Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident) Yes No
3. Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident) Yes No
4. Was a close family member ever sent to jail Yes No
5. Have you ever been sent to jail Yes No
6. Were you ever put in foster care or put up for adoption Yes No
7. Did your parents ever separate or divorce while you were living with them Yes No
8. Have you ever been separated or divorced Yes No
9. Have you ever had serious money problems (for example, not enough money for food or place to live) Yes No
10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems) Yes No
11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were "no good") Yes No
12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill) Yes No
13. **WOMEN ONLY:** Have you ever had an abortion or miscarriage (lost your baby) Yes No
14. Have you ever been separated from your child against your will (for example, the loss of custody or visitation or kidnapping) Yes No
15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk) Yes No
16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk) Yes No