



Childhood Trauma History

Name:

Today's Date:

Please read the following statements. If you experienced any of these events between birth and age 18, select the age(s) it was true for you. If a statement is not true, leave it marked NA. If you are unsure about a statement, place a question mark in the box. Your answers are confidential.

If yes, please indicate the age range

I was assaulted (physically harmed) by peers or a stranger

I was assaulted (physically harmed) by a family member

I had a close friend die

I had a close family member die

I was in a serious accident (i.e., car crash)

I was pregnant or impregnated someone

I had an abortion

I had a serious illness

I lived with a family member(s) that had a serious illness

I had to live apart from my brothers or sisters

I had to move often

My parents divorced

My parent(s) remarried

I had an alcoholic or drug abusing parent

I lived with a parent who physically harmed the other parent

I was placed in a foster home

I was raised by a single parent

I was raised by someone other than my natural parents

I was sexually assaulted by a stranger(s) or date raped

I was sexually assaulted or molested by a family member

I was in a natural catastrophe (flood, tornado, earthquake)

I was in a fire

I was poor (without enough food, clothing, shelter, etc.)

I witnessed or was involved in a crime