

Stressful Life Experiences (SLE)

Name		DOB	Date
<u>Experienced?</u>		<u>Stressfulness (0 = none/low; 10 = extreme/high)</u>	
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced a natural disaster (hurricane, tornado, etc.)	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced a human-made disaster (plane crash, industrial accident, etc.)	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced a serious accident or injury.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced chemical or radiation exposure happening to me, close friend, or family member.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced a life-threatening illness happening to me, close friend, or family member.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced the death of my spouse or child.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or experienced the death of a close friend or family member (other than spouse/child).	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I or a close friend or family member has been kidnapped or taken hostage.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I or a close friend or family member has been the victim of a terrorist attack or torture.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have been involved in combat or a war or lived in a war affected area.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have seen or handled dead bodies other than a funeral.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have felt responsible for the serious injury or death of another person.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	I have witnessed or been attacked with a weapon other than in combat or family setting.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10
Y <input type="checkbox"/>	N <input type="checkbox"/>	As a child/teen I was hit, spanked, choked, or pushed hard enough to cause injury.	THEN: 0 1 2 3 4 5 6 7 8 9 10 NOW: 0 1 2 3 4 5 6 7 8 9 10

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| Y <input type="checkbox"/> | N <input type="checkbox"/> | As an adult, I was hit, choked, or pushed hard enough to cause injury. | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | As an adult or child, I have witnessed someone else being choked, hit, spanked, or pushed hard enough to cause injury. | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | As a child/teen I was forced to have unwanted sexual contact. | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | As an adult I was forced to have unwanted sexual contact. | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | As a child or adult I have witnessed someone else being forced to have unwanted sexual contact. | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | I have witnessed or experienced an extremely stressful event not already mentioned: | THEN: 0 1 2 3 4 5 6 7 8 9 10
NOW: 0 1 2 3 4 5 6 7 8 9 10 |

Details:

Additional Information

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DATE

Adapted from: Copyright: B. Hudnall Stamm Traumatic Stress Research Group, 1996, 1997: <http://www.isu.edu/~bhstamm/index.htm>