TRI-COUNTY MENTAL HEALTH SERVICES
TRAUMA SCREENING QUESTIONNAIRE

1.) At any time in your life, have you been involved in a natural disaster or severe accident where you or someone else was seriously injured or killed (plane or auto crash, fire, flood, explosion, etc.)?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

2.) At any time in your life, have you experienced the sudden and unexpected death of a close friend or loved one due to an accident, illness, suicide or murder?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

3.) At any time in your life, have you been seriously injured or witnessed someone else seriously injured or killed, due to an unnatural event such as a shooting, stabbing or hit-an-run accident?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

4.) At any time in your life, have you been physically abused (e.g., punched, slapped, kicked, strangled, restrained, burned, threatened with object or weapon, etc.)?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

5.) At any time in your life, have you been sexually abused (e.g., unwanted kissing, hugging, touching, nudity, attempted or completed intercourse)?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

6.) At any time in your life, have you been afraid that a specific person (whether it was someone you knew well or not) would hurt you physically or emotionally?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

7.) At any time in your life, have you witnessed a physical or sexual assault against a family member, friend, or other significant person?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

8.) At any time in your life, have you been raped?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

9.) At any time in your life, were you ever exposed to warfare or combat?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

10.) At any time in your life, have ever witnessed abuse/torture to animals?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

11.) At any time in your life, have you ever had an experience that caused trauma not explored by this questionnaire?
□ Y □ N □ Don't Know

If yes,	□ Childhood	□ Adolescence	□ Adulthood	□ At Present
By whom:	□ Stranger	□ Acquaintance	□ Partner/Spouse	□ Parents
	□ Other Family Member		□ Ritual Abuse	

12.) If yes to any of the above, are your experiencing flashbacks, nightmares, insomnia, numbness, confusion, memory loss, self injury, extreme fearfulness or terror, or any other symptoms you think may be related to the trauma?

If yes, please describe: _____
_____
_____
_____

13a.) What was it like for you to answer these questions? _____
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13b.) Do you have comments or suggestions that you think would improve this questionnaire?
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