

ADULT TRAUMA INVENTORY

Name _____

Date _____

Trauma is defined as a person's experience of a situation, not the situation itself. No two people will have the exact same reaction to a given situation, and no reaction is "wrong" or shameful. Not all traumatic events or experiences are easily recognized, especially if they are not the obvious, dramatic kind. This checklist will help you recall some situations you have experienced, or may help you realize that some events might have been traumatic, even though you did not think of them like that. You may also think of other things that are not on this list. Please answer the following questions. Use the back of the paper or a separate sheet if necessary.

ADULT TRAUMA HISTORY

What are the three most traumatic things you have experienced?

- 1.
- 2.
- 3.

Please answer yes or no to the following questions

PRENATAL/PERINATAL HISTORY

- _____ Was your pregnancy planned? Were you a wanted child?
- _____ Were you premature?
- _____ Were you in an incubator more than 2 days? If so, how long?
- _____ Was your birth difficult?
- _____ Was your mother in poor physical or emotional health? If so, describe:

- _____ Did your mother experience any losses or dramatic events during her pregnancy with you?
If so, describe:
- _____ Were you adopted?
- _____ As an infant, were you separated from your mother at birth?
- _____ Did your mother have any medical problems or early in life hospitalization?
If so, describe:
- _____ Were there any other children in your family?
- _____ Did you feel accepted by them?
- _____ Did your family have adequate food, shelter and basic needs met?
- _____ Did you feel loved?
- _____ Was your father involved in your early care?
- _____ Did you have other regular caregivers as an infant? If so, describe:
- _____ Did you have frequent illnesses (earaches, asthma, digestion) as an infant or young child?
If so, describe:
- _____ As a toddler or pre-schooler, did you have any other difficulties or adversity? If so, describe:
- _____ Was your family stable and secure during your infancy and preschool years? If not, describe:

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PHYSICAL HISTORY

- _____ Have you had any hospitalizations, surgery, or serious illnesses? If so, describe:
- _____ Have you had any long-term or difficult medical treatment? If so, describe:
- _____ Have you had any life-threatening conditions? If so, describe:
- _____ Have you had any accidents (burns, falls, broken bones, auto, athletic etc)? If so, describe:
- _____ Have you had any difficult experiences with doctors, nurses, or hospitals? How did you respond?
- _____ Have you experienced chronic, unexplained physical ailments? What was happening in your life? when the symptoms first appeared? (check if yes)
- _____ headaches _____
- _____ stomach aches _____
- _____ colitis _____
- _____ irritable bowel (IBS) _____
- _____ autoimmune disorders _____
- _____ joint pains _____
- _____ skin conditions _____
- _____ other conditions or symptoms _____

FAMILY RELATIONSHIPS

- _____ Were you separated from either parent or siblings for a lengthy period? Where/with whom did you live?
- _____ Did any family members have alcohol or drug problems?
- _____ Did your parents fight ---- verbally? Physically? Did you hear or see these fights?
- _____ How were you punished or disciplined?
- _____ Were you hit? How often? How severely?
- _____ Did you experience any incest, molestation, or inappropriate touch?
- _____ Did you have any serious fights with siblings? Ongoing difficulties with siblings? If so, describe:
- _____ Were your parents married?
- _____ Was there a divorce or remarriage for either or both of your parents?
- _____ Were there other caregivers or others coming into your home?
- _____ How many caregivers did you have while growing up?
- _____ How many places did you live while growing up?

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SCHOOL EXPERIENCES

_____ Did you feel teased, tormented, bullied or threatened? If so, describe:

_____ Did you feel excluded, outcast, or ostracized? If so, describe:

_____ Did you experience prejudice? If so, describe:

_____ Did you experience criticism or harsh treatment? If so, describe:

WORK-RELATED EXPERIENCES

_____ Did you feel teased, tormented, bullied or threatened? If so, describe:

_____ Did you feel excluded, outcast, or ostracized? If so, describe:

_____ Did you experience prejudice? If so, describe:

_____ Did you experience criticism or harsh treatment? If so, describe:

FRIGHTENING EVENTS

_____ Have you had any direct experience with human-caused assault (kidnapping, mugging, rape, arson, etc)? If so, describe:

_____ Have you had any direct experience with nature-based fear? (tornado, earthquake, flood, fire, etc)? If so, describe:

_____ Have you witnessed any frightening events? If so, what and at what age?

_____ Do you have a close connection to someone who experienced a frightening event? If so, describe:

_____ Have you had a frightening spiritual or religious experience?

LOSSES

_____ Have you experienced any deaths of significant others? If so, describe:

_____ Have you experienced the loss of a treasured pet?

_____ Have you experienced the loss of a pregnancy? If so, describe:

_____ Have you experienced a serious break-up with good friends, boy/girlfriend, spouse or significant other? If so, describe:

_____ Have you experienced the loss of a job? If so, describe:

_____ Have you experienced the loss of a home? If so, describe:

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