Life Incidence of Traumatic Events - Student Form



Name_____ Age_____ Grade_____ Date_____

Please circle **No** or **Yes** to show which things have happened to you. **If Yes**, also fill in the rest of the line.

| Did this ever happen to you? | | | how many times | how old you were (first time) | how much it upset you **then** | how much it bothers you **now** |
|---|---|---|---|---|---|---|
| No | Yes | been in a car accident | _____ | _____ | none some lots | none some lots |
| No | Yes | been hurt in another kind of accident or sick in the hospital | _____ | _____ | none some lots | none some lots |
| No | Yes | seen someone else get hurt | _____ | _____ | none some lots | none some lots |
| No | Yes | someone in the family in the hospital (hurt or sick) | _____ | _____ | none some lots | none some lots |
| No | Yes | someone in the family died | _____ | _____ | none some lots | none some lots |
| No | Yes | friend very sick, hurt or died | _____ | _____ | none some lots | none some lots |
| No | Yes | been in a fire | _____ | _____ | none some lots | none some lots |
| No | Yes | been in a hurricane, tornado, flood, or mudslide (circle which) | _____ | _____ | none some lots | none some lots |
| No | Yes | parents (or grown-ups) broke things or hurt each other | _____ | _____ | none some lots | none some lots |
| No | Yes | parents separated or divorced | _____ | _____ | none some lots | none some lots |
| No | Yes | been taken away from family | _____ | _____ | none some lots | none some lots |
| No | Yes | been hit, whipped, beaten, or hurt by someone | _____ | _____ | none some lots | none some lots |
| No | Yes | been tied up, or locked in a small space | _____ | _____ | none some lots | none some lots |
| No | Yes | been made to do sex things | _____ | _____ | none some lots | none some lots |
| No | Yes | been threatened (someone said they would do something bad) | _____ | _____ | none some lots | none some lots |
| No | Yes | been robbed (or house robbed) | _____ | _____ | none some lots | none some lots |
| No | Yes | other scary or upsetting event (what was it?_____) | _____ | _____ | none some lots | none some lots |