

EARLY TRAUMA INVENTORY

I. INTRODUCTORY QUESTIONS

This interview is designed to assess childhood experiences that may have had an impact on you now, today. I'll start by asking some general questions about your childhood and then I'll be asking you specific questions about a number of events that you may have experienced.

First, I'd like to ask some general questions so that I can get a sense of what it was like for you growing up.

A. *Where did you live when you were growing up?*

B. *Who took care of you or had primary responsibility for you when you were growing up in (location from A)?
(Ask for all different locations listed in A).*

C. *Who else lived with you there?*

D. *How many brothers and sisters did you have?*

E. *In which order were you born (e.g., oldest or 1st born, etc.)?*

F. *As you were growing up how did you get along with the people you lived with?*

To whom do you feel close?

G. *How did your parents (or the adults with whom you lived) get along?*

(Use the following as probes or to provide guidance in answering this question if needed):

1. *Where they affectionate with each other?*

2. *Did they have a lot of arguments?*

3. *Did the arguments ever turn into physical fights?*

H. *While growing up, were you exposed to alcohol or drug abuse, or both, in the house?*

a. *What was your parent (s) alcohol and/or drug use like?*

I. *We have talked about some specific parts of your childhood. Now thinking back over your childhood in general, what stands out for you about that time? I'm interested in both things you did and did not like?*

*Now I am going to ask about personal experiences some people have when they are growing up, things like losing someone close to you, being physically or sexually mistreated, or being seriously injured. For each event that happened to you I will be asking a series of questions, such as when it happened, how often it happened, and who else was involved. For some questions I will ask you to answer with some categories that are listed on these sheets here **(give rating sheets to subject and review each with him/her)**. I will tell you that set of categories to use when the time comes.*

Some people can talk about these personal experiences without much trouble, while others may find them difficult to talk about. For a variety of reasons, some of these things may have been kept secret for years. However, from talking with people we've learned that these experiences can affect their lives as adults. Therefore, it is important to understand what it was like for you when you were growing up.

Do the best you can. This is not a test, and there are no wrong answers. We are interested in your own experiences.

Do you have any questions?

II. TRAUMATIC LIFE EVENTS:

A. Open ended inquiry

1. *Sometimes in the course of growing up people have experiences with death, serious illness, accidents, and so on. Do you recall whether anything like that ever happened to you, your family, or to someone close to you before you were 18 years old?*

(If person needs examples, “like a parent dying, being in a car crash or a fire, having a brother or sister with cancer).

(If negative): Begin specific questions listed in Part B.

(If affirmative): *What happened? Could you tell me a bit more about it?* **(Find out nature of event (s), who was involved, when, how long, etc.)**

2. *Now I'd like to ask some specific questions about this (these) experiences (s) and some others that we didn't discuss.*

(Move to part B on the next page and ask every question in order, filling in with global information as obtained, e.g., “You said that your brother was diagnosed with leukemia when he was 3 and you were 6. Did anyone else in your family have a serious illness?”)

Early Trauma Inventory

9/14/04

Event Occurrence

Before your 18th birthday...
(Event/Item)

Who

To whom did (event) occur?
Enter specific persons involved

Cause of Event

What caused the (event). (ie, how did it come about?)

Key

1. Accident
2. Intentional self injury or suicide
3. Perpetrated by parent (explain)
4. Perpetrated by other (explain)
5. Natural physical causes (explain)
6. Natural environmental causes (explain)

Age During Event

Think back to when the first time (event) happened. How old were you at that time? How old were you the last time it occurred or stopped?

Enter “start” & “end” ages in appropriate space below. For single, discrete events, fill in “Age Start” only.

Frequency By Age

You said (event) occurred when you were between the ages of __ & __. This means that you were in (epoch). (Mark epochs that apply)

Academic Epochs

Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.

When it was occurring during (epoch) school yrs., about how many times per day, month, year it happen?

Key

- 0=Never 4=1-6xs a wk
1=<1x a yr 5=once a day
2=1-11xs yr 6=more than
3=1-3xs a mo 1x a day

Effect

Do you believe that this exp. had an effect on you at the time it occurred? If yes, What kind of effect did this (event) have on you at that time?

Key

- 3=Ext Neg
-2=Mod Neg
-1=Slightly Neg
0=No Effect
+1=Slightly Pos
+2=Mod Pos
+3=Ext Pos

Jr. High

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
1. <i>Were you exposed to a natural disaster?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
2. <i>Were you involved in a serious accident?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
3. <i>Did you suffer a serious personal injury?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
4. <i>Did you suffer a serious personal illness?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
5. <i>Did you experience the death of a parent or other important adult?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
6. <i>Did you experience serious injury or illness of a parent or other important adult?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
7. <i>Did you experience the death of a sibling?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory

9/14/04

Event Occurrence
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 (Event/Item)

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To whom did (event) occur?
 Enter specific persons involved

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Think back to when the first time (event) happened. How old were you at that time? How old were you the last time it occurred or stopped?

Frequency By Age
You said (event) occurred when you were between the ages of __ & __. This means that you were in (epoch). (Mark epochs that apply)
Academic Epochs
 Preschool (0-5)____
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 Jr. High/HS (13-18)____

Effect
Do you believe that this exp. had an effect on you at the time it occurred? If yes, What kind of effect did this (event) have on you at that time?

Enter “start” & “end” ages in appropriate space below. For single, discrete events, fill in “Age Start” only.

Ask all appropriate epochs. *When it was occurring during (epoch) school yrs., about how many times per day, month, year it happen?*

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Jr. High & HS (13-18)

Key
 -3=Ext Neg
 -2=Mod Neg
 -1=Slightly Neg
 0=No Effect
 +1=Slightly Pos
 +2=Mod Pos
 +3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
8. <i>Did you experience the serious injury or illness of a sibling?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
9. <i>Did you experience the death of a friend?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
10. <i>Did you experience serious injury of friend?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
11. <i>Did you ever observe the death or serious injury of others?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
12. <i>Did you experience the divorce or separation of parents?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
13. <i>Did you ever witness violence toward others, including family members?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
14. <i>Did anyone in your family suffer from mental/psychiatric illness or a breakdown?</i> Specify _____	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
15. <i>Other particularly stressful experience?</i> Specify _____										

Early Trauma Inventory

9/14/04

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(Event/Item)

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Enter specific persons involved

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Key

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Enter “start” & “end” ages in appropriate space below. For single, discrete events, fill in “Age Start” only.

Frequency By Age

You said (event) occurred when you were between the ages of ___&___. This means that you were in (epoch). (Mark epochs that apply)

Academic Epochs

Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.

When it was occurring during (epoch) school yrs., about how many times per day, month, year it happen?

Key

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2=1-11xs yr 6=more than
3=1-3xs a mo 1x a day

Effect

Do you believe that this exp. had an effect on you at the time it occurred? If yes, What kind of effect did this (event) have on you at that time?

Key

-3=Ext Neg
-2=Mod Neg
-1=Slightly Neg
0=No Effect
+1=Slightly Pos
+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
16. <i>Did anyone in your family suffer from alcohol or drug abuse?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
17. <i>Were you ever the victim of assault?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
18. <i>Were you the victim of armed robbery at knifepoint or gunpoint?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
19. <i>Did you ever work in a stressful job? (EMT, police, prison guard, fireman, ambulance)</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
20. <i>Were you ever a POW or hostage?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
21. <i>Were you ever in combat?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
22. <i>Did you ever experience the death of your child?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
23. <i>Did you ever experience a miscarriage of a child (yours or your partners)?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
24. <i>(If married) Did you ever experience the death of a spouse?</i>	Y	N	_____	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory, 9/14/04

C. Impact Questions: For the following items, if “a” is YES, code “b” according to this key:

-3=Extremely negative effect
-2=Moderately negative effect
-1=Slightly negative effect

0 =No effect at all
+1=Slightly positive effect
+2=Moderately positive effect
+3=Extremely positive effect

- 1a.** *Do you believe these events affect you emotionally now?* YES NO
- 1b.** *If yes, what kind of emotional impact do you believe these events cause in your life today? _____*
[Please refer to tear-off page for rating options]
- 2a.** *Do you believe these events affect your current functioning at work or school?* YES NO
- 2b.** *If yes, how do you believe these events affect your work functioning today? _____*
[Please refer to tear-off page for rating options]
- 3a.** *Do you believe these events affect you current social and family relationships?* YES NO
- 3b.** *If yes, what kind of effect do you believe these events have on your social & family relationships today? _____*
[Please refer to tear-off page for rating options]

III. DISCIPLINARY/PHYSICAL PUNISHMENT:

A. Open ended inquiry

1. *Sometimes people get spanked a lot or get hit or physically punished or mistreated in other ways while growing up.*

Do you recall whether anything like that ever happened to you before the age of 18?

(If negative): Begin specific questions listed in Part B; if person has just said something specific, like that they were not spanked, restate this, “You said that you weren’t spanked. What about...” and move to the next item).

(If affirmative): *What happened? Could you tell me a bit more about it?* **(Find out nature of event (s), who was involved, when, how long, etc.)**

2. *Now I’d like to ask some specific questions about this (these) experiences (s) and some others that we didn’t discuss.*

(Move to part B on the next page and ask every question in order, filling in with global information as obtained, e.g., “You said you were often spanked. How old were you when this was happening?...”)

Early Trauma Inventory

9/14/04

Occurrence
Before your
18th birthday...
(Event/Item)

Who
To whom did
(event) occur?
Enter specific
persons involved

Cause of Event
What caused the (event).
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- Key
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Age During Event
Think back to when
the first time (event)
happened. How old
were you at that time?
How old were you the
the last time it occurred
or stopped?

Enter “start” & “end”
ages in appropriate
space below. For single,
discrete events, fill in
“Age Start” only.

Frequency By Age
You said (event) occurred
when you were between the
ages of _&_. This means
that you were in (epoch).
(Mark epochs that apply)
Academic Epochs
Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.
When it was occurring
during (epoch) school yrs.,
about how many times per
day, month, year it happen?
Key
0=Never 4=1-6xs a wk
1=<1x a yr 5=once a day
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Effect
Do you believe
that this exp.
had an effect on
you at the time
it occurred?
If yes, What kind
of effect did this
(event) have on
you at that time?

Key
-3=Ext Neg
-2=Mod Neg
-1=Slightly Neg
0=No Effect
+1=Slightly Pos
+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
1. Were you ever spanked with a hand?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
2. Were you ever slapped in the face with an open hand?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
3. Were you ever burned with hot water, a cigarette, or something else?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
4. Were you ever punched or kicked?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
5. Were you ever hit or spanked with an object like a belt, fly-swatter, or ruler?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
6. Were you ever hit with an object that was thrown at you? What objects? (only consider objects or events that have a clear aggressive/physically harmful intent)	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
7. Were you ever choked?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
8. Were you ever punched or shoved?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
9. Were you ever tied up or locked in a closet?		Y	N	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory, 9/14/04

C. Impact Questions: For the following items, if “a” is YES, code “b” according to this key:

3=Extremely negative effect
2=Moderately negative effect
1=Slightly negative effect

0 =No effect at all
+1=Slightly positive effect
+2=Moderately positive effect
+3=Extremely positive effect

- 1a.** *Do you believe these events affect you emotionally now?* YES NO
- 1b.** *If yes, what kind of emotional impact do you believe these events cause in your life today? _____*
[Please refer to tear-off page for rating options]
- 2a.** *Do you believe these events affect your current functioning at work or school?* YES NO
- 2b.** *If yes, how do you believe these events affect your work functioning today? _____*
[Please refer to tear-off page for rating options]
- 3a.** *Do you believe these events affect you current social and family relationships?* YES NO
- 3b.** *If yes, what kind of effect do you believe these events have on your social & family relationships today? _____*
[Please refer to tear-off page for rating options]

IV. EMOTIONAL EXPERIENCES:

A. Open ended inquiry

4. *Sometimes while growing up people feel as if they can't do anything right in their parents' eyes—their parents were always putting them down, yelling at them, or telling them they were no good.*

Do you recall whether anything like that ever happened to you before the age of 18?

(If negative): Begin specific questions listed in Part B; if person has just said something specific, like that they were not often put down, restate this, “You said that you weren't often put down. What about...” and move to the next item).

(If affirmative): What happened? Could you tell me a bit more about it? (Find out nature of event (s), who was involved, when, how long, etc.)

5. *Now I'd like to ask some specific questions about this (these) experiences (s) and some others that we didn't discuss.*

(Move to part B on the next page and ask every question in order, filling in with global information as obtained, e.g., “You said you were often put down. How old were you when this was happening?...”)

Early Trauma Inventory

9/14/04

Occurrence
Before your
18th birthday...
(Event/Item)

Who
To whom did
(event) occur?
Enter specific
persons involved

Cause of Event
What caused the (event).
(ie, how did it come about?)

- Key
1. Accident
 2. Intentional self injury or suicide
 3. Perpetrated by parent (explain)
 4. Perpetrated by other (explain)
 5. Natural physical causes (explain)
 6. Natural environmental causes (explain)

Age During Event
Think back to when
the first time (event)
happened. How old
were you at that time?
How old were you the
the last time it occurred
or stopped?

Enter “start” & “end”
ages in appropriate
space below. For single,
discrete events, fill in
“Age Start” only.

Frequency By Age
You said (event) occurred
when you were between the
ages of _&_. This means
that you were in (epoch).
(Mark epochs that apply)
Academic Epochs
Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.
When it was occurring
during (epoch) school yrs.,
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Key
0=Never 4=1-6xs a wk
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Effect
Do you believe
that this exp.
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If yes, What kind
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you at that time?

Key
-3=Ext Neg
-2=Mod Neg
-1=Slightly Neg
0=No Effect
+1=Slightly Pos
+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
1. Were you often put down or ridiculed?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
2. Were you often ignored or made to feel that you didn't count?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
3. Were you often told that you were no good?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
4. Were you often shouted at or yelled at?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
5. Most of the time were you treated in a cold or uncaring way?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
6. Did your parents or caretakers usually control areas of your life (eg, clothing, activities) that other kids handled on their own?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
7. Did your parents or caretakers often fail to understand you or your needs?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
8. Did your parents or caretakers often expect you to behave or think like you were much older?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory, 9/14/04

C. Impact Questions: For the following items, if “a” is YES, code “b” according to this key:

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- 1a.** *Do you believe these events affect you emotionally now?* YES NO
- 1b.** *If yes, what kind of emotional impact do you believe these events cause in your life today? _____*
[Please refer to tear-off page for rating options]
- 2a.** *Do you believe these events affect your current functioning at work or school?* YES NO
- 2b.** *If yes, how do you believe these events affect your work functioning today? _____*
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IV. SEXUAL EXPERIENCES:

A. Open ended inquiry

5. *Sometimes while growing up people may have sexual experiences that they don't want to have or that make them feel uncomfortable. Some -times these experiences are with people they know and sometimes with strangers.*

Do you recall whether anything like that ever happened to you before the age of 18?

(If negative): Begin specific questions listed in Part B; if person has just said something specific, like that they were not spied upon while bathing, restate this, "You said that you weren't spied upon while bathing. What about..." and move to the next item).

(If affirmative): What happened? Could you tell me a bit more about it? (Find out nature of event (s), who was involved, when, how long, etc.)

Now I'd like to ask some specific questions about this (these) experiences (s) and some others that we didn't discuss.

(Move to part B on the next page and ask every question in order, filling in with global information as obtained, e.g., "You said you were spied upon while bathing. How old were you when this was happening?...")

Early Trauma Inventory

9/14/04

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+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
1. Were you ever exposed to inappropriate comments about sex or sexual parts? Y	N									
2. Were you ever exposed to someone flashing or exposing their sexual parts to you?		Y	N							
3. Did anyone ever spy on you or watch you while bathing, dressing, or using the bathroom?		Y	N							
4. Were you ever forced or coerced to watch sexual acts, including masturbation and/or sex between people? Y	N									
5. Were you ever touched in an intimate or private part of your body (eg, breast, thighs, genitals) in a way that surprised you or made you uncomfortable? Y	N									

Early Trauma Inventory

9/14/04

Occurrence
Before your
18th birthday...
(Event/Item)

Who
To whom did
(event) occur?
Enter specific
persons involved

Cause of Event
What caused the (event).
(ie, how did it come about?)

- Key
1. Accident
 2. Intentional self injury or suicide
 3. Perpetrated by parent (explain)
 4. Perpetrated by other (explain)
 5. Natural physical causes (explain)
 6. Natural environmental causes (explain)

Age During Event
Think back to when
the first time (event)
happened. How old
were you at that time?
How old were you the
the last time it occurred
or stopped?

Enter “start” & “end”
ages in appropriate
space below. For single,
discrete events, fill in
“Age Start” only.

Frequency By Age
You said (event) occurred
when you were between the
ages of _&_. This means
that you were in (epoch).
(Mark epochs that apply)
Academic Epochs
Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.
When it was occurring
during (epoch) school yrs.,
about how many times per
day, month, year it happen?
Key
0=Never 4=1-6xs a wk
1=<1x a yr 5=once a day
2=1-11xs yr 6=more than
3=1-3xs a mo 1x a day

Effect
Do you believe
that this exp.
had an effect on
you at the time
it occurred?
If yes, What kind
of effect did this
(event) have on
you at that time?

Key
-3=Ext Neg
-2=Mod Neg
-1=Slightly Neg
0=No Effect
+1=Slightly Pos
+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
6. Did you ever experience someone rubbing their genitals against you?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
7. Were you ever forced or coerced to touch another person in an intimate or private part of their body?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
8. Did anyone ever have genital sex with you against your will?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
9. Were you ever forced or coerced to perform oral sex on someone against your will?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
10. Did anyone ever perform oral sex on you against your will?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
11. Did anyone ever have anal sex with you against your will?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory

9/14/04

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(Event/Item)

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To whom did
(event) occur?
Enter specific
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Enter “start” & “end”
ages in appropriate
space below. For single,
discrete events, fill in
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Frequency By Age
You said (event) occurred
when you were between the
ages of ___&___. This means
that you were in (epoch).
(Mark epochs that apply)
Academic Epochs
Preschool (0-5)____
Elementary (6-12)____
Jr. High/HS (13-18)____

Ask all appropriate epochs.
When it was occurring
during (epoch) school yrs.,
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day, month, year it happen?
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+2=Mod Pos
+3=Ext Pos

	<u>YES</u>	<u>NO</u>	<u>Who</u>	<u>Cause</u>	<u>Age Start</u>	<u>Age End</u>	<u>Presch (0-5)</u>	<u>Elem (6-12)</u>	<u>Jr. High & HS (13-18)</u>	<u>Effect</u>
12. Did anyone ever try to have any type of sex (oral, anal, or genital) with you against your will but not actually do so?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
13. Were you ever made to pose for sexy or suggestive photographs?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
14. Were you ever forced or coerced to perform sexual acts for money?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____
15. Were you ever forced to kiss someone in a sexual rather than in an affectionate way?	Y	N	_____	_____	_____	_____	_____	_____	_____	_____

Early Trauma Inventory, 9/14/04

C. Impact Questions: For the following items, if “a” is YES, code “b” according to this key:

3=Extremely negative effect
2=Moderately negative effect
1=Slightly negative effect

0 =No effect at all
+1=Slightly positive effect
+2=Moderately positive effect
+3=Extremely positive effect

- 1a.** *Do you believe these events affect you emotionally now?* YES NO
- 1b.** *If yes, what kind of emotional impact do you believe these events cause in your life today? _____*
[Please refer to tear-off page for rating options]
- 2a.** *Do you believe these events affect your current functioning at work or school?* YES NO
- 2b.** *If yes, how do you believe these events affect your work functioning today? _____*
[Please refer to tear-off page for rating options]
- 3a.** *Do you believe these events affect you current social and family relationships?* YES NO
- 3b.** *If yes, what kind of effect do you believe these events have on your social & family relationships today? _____*
[Please refer to tear-off page for rating options]

IV. Outcome (check all that apply)

A. *Did any of the experiences we've discussed result in...*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Numbness inside | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Stitches |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Disturbing memories | <input type="checkbox"/> Dental injuries | <input type="checkbox"/> Scratches/Cuts |
| <input type="checkbox"/> Quick startle responses | <input type="checkbox"/> Feelings of guilt | <input type="checkbox"/> Head injuries | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Avoidance of others | <input type="checkbox"/> Feelings of shame | <input type="checkbox"/> Bruises/welts | <input type="checkbox"/> Sexually transmitted diseases |

B. *Did any of the experiences we've discussed result in...*

- | | | |
|--|---|---|
| <input type="checkbox"/> Call to police | <input type="checkbox"/> Contact with child protective agency | <input type="checkbox"/> Psychiatric or medical health Rx |
| <input type="checkbox"/> Police visit to home | <input type="checkbox"/> Removal of self from home | <input type="checkbox"/> Medical treatment/Doctor's care |
| <input type="checkbox"/> Arrest of perpetrator | <input type="checkbox"/> Removal of siblings from home | <input type="checkbox"/> Other followup treatment or care |
| <input type="checkbox"/> Conviction of perpetrator | <input type="checkbox"/> Foster home placement | Specify: _____ |
| <input type="checkbox"/> Absence from school | <input type="checkbox"/> Hospitalizations | |

VII. Observations:

DEBRIEF AS NEEDED