

# Early Trauma Inventory Self Report-Short Form (ETISR-SF)

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Participant Name or ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

## Part 1. General Traumas. Before the age of 18

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|--|-----|----|
| 1. Were you ever exposed to a life-threatening natural disaster?.....                                    | YES | NO |
| 2. Were you involved in a serious accident? .....  | YES | NO |
| 3. Did you ever suffer a serious personal injury or illness? .....                                       | YES | NO |
| 4. Did you ever experience the death or serious illness of a parent or a primary caretaker? .....        | YES | NO |
| 5. Did you experience the divorce or separation of your parents? .....                                   | YES | NO |
| 6. Did you experience the death or serious injury of a sibling? .....                                    | YES | NO |
| 7. Did you ever experience the death or serious injury of a friend? .....                                | YES | NO |
| 8. Did you ever witness violence towards others, including family members? .....                         | YES | NO |
| 9. Did anyone in your family ever suffer from mental or psychiatric illness or have a "breakdown"? ..... | YES | NO |
| 10. Did your parents or primary caretaker have a problem with alcoholism or drug abuse? .....            | YES | NO |
| 11. Did you ever see someone murdered? .....   | YES | NO |

## Part 2. Physical Punishment. Before the age of 18

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|--|-----|----|
| 1. Were you ever slapped in the face with an open hand? .....                | YES | NO |
| 2. Were you ever burned with hot water, a cigarette or something else? ..... | YES | NO |
| 3. Were you ever punched or kicked? .....                                    | YES | NO |
| 4. Were you ever hit with an object that was thrown at you? .....            | YES | NO |
| 5. Were you ever pushed or shoved? .....                                     | YES | NO |

## Part 3. Emotional Abuse. Before the age of 18

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|---|-----|----|
| 1. Were you often put down or ridiculed? .....  | YES | NO |
| 2. Were you often ignored or made to feel that you didn't count? .....                                      | YES | NO |
| 3. Were you often told you were no good? .....  | YES | NO |
| 4. Most of the time were you treated in a cold, uncaring way or made to feel like you were not loved? ..... | YES | NO |
| 5. Did your parents or caretakers often fail to understand you or your needs?.....                          | YES | NO |

## Part 4. Sexual Events. Before the age of 18

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|--|-----|----|
| 1. Were you ever touched in an intimate or private part of your body (e.g. breast, thighs, genitals) in a way that surprised you or made you feel uncomfortable? ..... | YES | NO |
| 2. Did you ever experience someone rubbing their genitals against you?.....  | YES | NO |
| 3. Were you ever forced or coerced to touch another person in an intimate or private part of their body? .....   | YES | NO |
| 4. Did anyone ever have genital sex with you against your will? .....  | YES | NO |
| 5. Were you ever forced or coerced to perform oral sex on someone against your will? .....   | YES | NO |
| 6. Were you ever forced or coerced to kiss someone in a sexual rather than an affectionate way? .....  | YES | NO |

***If you responded "YES" for any of the above events, answer the following for the one that has had the greatest impact on your life. In answering consider how you felt at the time of the event.***

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|--|-----|----|
| 1. Did you experience emotions of intense fear, horror or helplessness?..... | YES | NO |
| 2. Did you feel out-of-your-body or as if you were in a dream? .....         | YES | NO |