

**Early Trauma Inventory  
Adult Version  
Self-Administered  
Revised 03/09**

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## **Early Trauma Inventory**

**Adult Version**

Participant Name: \_\_\_\_\_ or I.D. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date of assessment \_\_\_\_\_

Interviewer \_\_\_\_\_

### I. Introductory Questions

**This interview is designed to assess childhood experiences that may have had an impact on you now, today. It will start by asking you general questions about your childhood and then it will go into more detailed questions about what happened to you as a child.**

**This test will ask you general questions to understand 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?
  
  
  
  
  
  
  
  
  
  
- C. Who else lives there with you?
  
  
  
  
  
  
  
  
  
  
- D. How many brothers and sisters do you have?
  
  
  
  
  
  
  
  
  
  
- E. In which order were you born (i.e.: oldest or first born, etc)?
  
  
  
  
  
  
  
  
  
  
- F. As you were growing up how did you get along with the people you lived with?

To whom did you feel close?

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

1. Were they affectionate with each other?

2. Did they have a lot of arguments?

Did the arguments ever turn into physical fights?

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

**Early Trauma Inventory  
Before Age 18**

Participant Name: \_\_\_\_\_ or I.D. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Some people can talk about these things without much trouble, but some people may find it hard. Some people may find it so hard that they keep these things that hurt them secret for years. We have learned that from talking with people about these things that have happened to them, that it may also make them feel bad feelings when they become adults. So, it is really important to understand how it was for you when you were growing up. Do the best you can. This is not a test and there are no wrong answers.**

**Sometimes people experience events that may be seen as stressful. Before the age of 18, did you ever experience any of the following things? For each event you experienced before the age of 18, circle yes and the number of times which best correspond to the number of times you experienced the event.**

**Part 1. General Events**

1. Were you ever exposed to a life-threatening natural disaster? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never      Once      2-3 times      4-5 times      6-10 times      More than 10 times

2. Were you involved in a serious accident? YES NO If yes, how many times?

0            1            2            3            4            5  
Never      Once      2-3 times      4-5 times      6-10 times      More than 10 times

3. Did you ever suffer a serious personal injury? YES NO If yes, how many times?

0            1            2            3            4            5  
Never      Once      2-3 times      4-5 times      6-10 times      More than 10 times

4. Did you suffer a serious personal illness? YES NO If yes, how many times?

0            1            2            3            4            5  
Never      Once      2-3 times      4-5 times      6-10 times      More than 10 times

5. Did you ever experience the death of a parent or a primary caretaker? YES NO  
If yes, how many times? Who?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

6. Did you experience serious injury or illness of a parent or primary caretaker?  
YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

7. Did you experience the separation of your parents? YES NO If yes, how  
many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

8. Were you raised in a home other than that of your parents? YES NO If yes,  
for how many years and whose home was it?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

0            1            2            3  
Relative        Friend        Foster Home        Adoptive Home

9. Did you experience the death of a sibling? YES NO If yes, how many of  
them?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

10. Did you experience the serious injury or illness of a sibling? YES NO If yes,  
how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

11. Did you ever experience the death of a friend? YES NO If yes, how many  
times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

12. Did you experience the serious injury of a friend? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

13. Did you ever observe the death or serious injury of others? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

14. Did you experience the divorce of parents? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

15. Did you ever witness violence towards others, including family members?  
YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

16. Did anyone in your family ever suffer from mental or psychiatric illness or have a  
“breakdown”? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

17. Did your parents or primary caretaker have a problem with alcoholism?  
YES NO If yes, for how many years?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

18. Did your parents or primary caretaker have a problem with drug abuse? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

19. Have you ever been a victim of a major theft, such as having our house broken into or the family car stolen? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

20. Were you ever a victim of armed robbery? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

21. Were you ever a victim of assault? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

22. Were you ever a victim of rape? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

23. Did you ever see someone murdered? YES NO If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

24. Did you ever experience someone close to you being murdered? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

25. Did you ever experience someone close to you being a victim of rape? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never        Once        2-3 times    4-5 times    6-10 times    More than 10 times

26. Did you ever work in a stressful job? YES NO If yes, what kind of job?

0            1            2            3            4            5  
EMT        Police        Ambulance    Prison Guard    Fireman        Other

27. Were you ever a prisoner of war or hostage? YES NO If yes, for how many months total?

0            1            2            3            4            5  
Never      One month   2-3 months   4-5 months   6-10 months   More than 10 months

28. Were you ever in combat? YES NO If yes, how many months?

0            1            2            3            4            5  
Never      1-6 months   2-3 months   4-5 months   6-10 months   More than 10 months

29. Did you ever experience the death of your biological child? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never      Once        2-3 times   4-5 times   6-10 times   More than 10 times

30. Did you ever experience the miscarriage of your child (or your partner's)?  
YES NO If yes, how many times?

0            1            2            3            4            5  
Never      Once        2-3 times   4-5 times   6-10 times   More than 10 times

31. (If married) Did you ever experience the death of your spouse? YES NO  
If yes, how many times?

0            1            2            3            4            5  
Never      Once        2-3 times   4-5 times   6-10 times   More than 10 times

**If you endorsed “yes” for any of these stressful events listed above, think about what effects these events may have on you today.**

1. Do you believe these events have an emotional effect on you today?  
YES NO If yes, what kind of effect?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect

4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

2. Do you believe that these events affect your current functioning at work or school? YES NO If yes, what kind of effect?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect

4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

3. Do you believe these events affect your current social or family relationships? YES NO If yes, what kind of effect?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect

4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive



c. Who was the person who most commonly did this?

0	1	2	3	4	5	6	7
Mother/ Female Primary Caretaker	Father/Male Primary Caretaker	Other Female Adult	Other Male Adult	Brother	Sister	Male Stranger	Female Stranger

d. What kind of effect did this have on you emotionally at the time it occurred?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

3. Were you ever burned with hot water, a cigarette or something else? YES NO  
(If no, go on to question 4)

a. How old were you the first time it occurred?

1	2	3
Age 0-5	Age 6-11	Age 13-18

b. In general, how often did this occur?

1	2	3	4	5	6
1 x a year	1-11 x / year	1-3 x / month	1-6 x /week	Once/day	More than 1x /year

c. Who was the person who most commonly did this?

0	1	2	3	4	5	6	7
Mother/ Female Primary Caretaker	Father/Male Primary Caretaker	Other Female Adult	Other Male Adult	Brother	Sister	Male Stranger	Female Stranger

d. What kind of effect did this have on you emotionally at the time it occurred?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

4. Were you ever punched or kicked? YES NO (if no, go on to question 5)

a. How old were you the first time it occurred?

1	2	3
Age 0-5	Age 6-11	Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person who most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

5. Were you ever hit or spanked with an object like a fly–swatter, a belt or a ruler?  
YES NO (if no, go on to question 6)

a. How old were you the first time it occurred?

1 2 3  
Age 0-5 Age 6-11 Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person who most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

6. Were you ever hit with an object that was thrown at you? YES NO (if no, go on to question 7)

a. How old were you the first time it occurred?

1 2 3  
Age 0-5 Age 6-11 Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person who most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

7. Were you ever choked? YES NO (if no, go to question 8)

a. How old were you the first time it occurred?

1 2 3  
Age 0-5 Age 6-11 Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person that most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

8. Were you ever pushed or shoved? YES NO (if no, go on to question 9)

a. How old were you the first time it occurred?

1 2 3  
Age 0-5 Age 6-11 Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x / year      1-3 x / month      1-6 x /week      Once/day          More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker Primary Caretaker Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative      Moderately Negative      Slightly Negative      No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

9. Were you ever tied up or locked in a closet? YES NO (if no, go on to question 10)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x / year      1-3 x / month      1-6 x /week      Once/day          More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker Primary Caretaker Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative      Moderately Negative      Slightly Negative      No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

**If you endorsed “yes” to any of these events involving being spanked, sternly disciplined or physically punished, think about what effect these events may have on you today.**

1. Do you believe these events have an effect on you emotionally today?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

2. Do you believe these events affect your current functioning at school or at work?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

3. Do you believe these events affect your current social or family relationships?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	



c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

3. Were you often told you were no good? YES NO (if no, go on to question 4)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year                      1-11 x / year                      1-3 x / month                      1-6 x /week                      Once/day                      More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

4. Were you often shouted or yelled at? YES NO (if no, go on to question 5)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person that most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

5. Most of the time were you treated in a cold, uncaring way or made to feel like you were not loved? YES NO (if no, go on to question 6)

a. How old were you the first time it occurred?

1 2 3  
Age 0-5 Age 6-11 Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x /year

c. Who was the person that most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

6. Did your parents or caretakers usually control areas of your life (e.g. clothing, activities etc.) that other kids handled on their own? YES NO  
(if no, go on to question 7)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5              Age 6-11              Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x / year      1-3 x / month      1-6 x /week      Once/day          More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker Primary Caretaker Adult              Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative      Moderately Negative      Slightly Negative      No Effect

4                      5                      6  
Slightly Positive          Moderately Positive          Extremely Positive

7. Did your parents or caretakers often fail to understand you or your needs? YES NO  
(if no, go on to next section)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5              Age 6-11              Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x / year      1-3 x / month      1-6 x /week      Once/day          More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker Primary Caretaker Adult              Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative      Moderately Negative      Slightly Negative      No Effect

4                      5                      6  
Slightly Positive          Moderately Positive          Extremely Positive

**If you endorsed “yes” for any of these events such as being put down, mistreated, or in other ways emotionally mistreated, think about what effects these may have on you today.**

1. Do you believe these events have an emotional effect on you today?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

2. Do you believe these events affect your current functioning at school or at work?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

3. Do you believe these events affect your current social or family relationships?  
YES NO If yes, what kind of effect?

0	1	2	3
Extremely Negative	Moderately Negative	Slightly Negative	No Effect
4	5	6	
Slightly Positive	Moderately Positive	Extremely Positive	

## Early Trauma Inventory

**While growing up people may have had sexual experiences that they didn't want to have or that made them uncomfortable. Sometimes 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? Before the age of 18, did you ever experienced any of the following things. For each event you experienced before the age of 18, circle yes and the number that best corresponds to the number of times you experienced the event.**

### Part 4. Sexual Events

1. Were you ever exposed to inappropriate comments about sex or sexual parts?  
YES NO (if no, go on to question 2)

- a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5              Age 6-11              Age 13-18

- b. In general, how often did this occur?

1              2              3              4              5              6  
1 x a year      1-11 x / year      1-3 x / month      1-6 x /week      Once/day      More than 1x /year

- c. Who was the person that most commonly did this?

0              1              2              3              4              5              6              7  
Mother/ Female      Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker      Primary Caretaker      Adult      Adult

- d. What kind of effect did this have on you emotionally at the time it occurred?

0              1              2              3  
Extremely Negative      Moderately Negative      Slightly Negative      No Effect

4              5              6  
Slightly Positive      Moderately Positive      Extremely Positive

2. Were you ever exposed to someone "flashing" or exposing their sexual parts to you? YES NO (if no, go on to question 3)

- a. How old were you the first time it happened?

1                      2                      3  
Age 0-5              Age 6-11              Age 13-18

- b. In general, how often did this occur?

1              2              3              4              5              6  
1 x a year      1-11 x's/ year      1-3 x's/ month      1-6 x's/week      Once/day      More than 1x/year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

3. Did anyone ever spy on you or watch you while you were bathing, dressing or using the bathroom? YES NO (if no, go on to question 4)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

a. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year                      1-11 x / year                      1-3 x / month                      1-6 x /week                      Once/day                      More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

4. Were you ever forced or coerced to watch sexual acts, including masturbation and/or sex between other people? YES NO (if no, go on to question 5)

a. How old were you the first time it happened?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x / year      1-3 x / month      1-6 x /week      Once/day          More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive          Moderately Positive          Extremely Positive

5. 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    (if no, go on to question 6)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year          1-11 x's / year      1-3 x's / month      1-6 x's/week      Once/day          More than 1x/year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male      Other Female      Other Male      Brother      Sister      Male Stranger      Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive          Moderately Positive          Extremely Positive







d. What kind of effect did this have on you emotionally at the time it occurred?

- 0  
Extremely Negative
- 1  
Moderately Negative
- 2  
Slightly Negative
- 3  
No Effect
- 4  
Slightly Positive
- 5  
Moderately Positive
- 6  
Extremely Positive

12. Did anyone ever try to have any type of sex with you (oral, anal, genital) against your will but did not actually do so? YES NO (if no, go on to question 13)

a. How old were you the first time it occurred?

- 1  
Age 0-5
- 2  
Age 6-11
- 3  
Age 13-18

b. In general, how often did this occur?

- 1  
1 x a year
- 2  
1-11 x / year
- 3  
1-3 x / month
- 4  
1-6 x /week
- 5  
Once/day
- 6  
More than 1x /year

c. Who was the person that most commonly did this?

- 0  
Mother/ Female  
Primary Caretaker
- 1  
Father/Male  
Primary Caretaker
- 2  
Other Female  
Adult
- 3  
Other Male  
Adult
- 4  
Brother
- 5  
Sister
- 6  
Male Stranger
- 7  
Female Stranger

d. What kind of effect did this have on you emotionally at the time it occurred?

- 0  
Extremely Negative
- 1  
Moderately Negative
- 2  
Slightly Negative
- 3  
No Effect
- 4  
Slightly Positive
- 5  
Moderately Positive
- 6  
Extremely Positive

13. Were you ever made to pose for sexy or suggestive photographs? YES NO (if no, go on to question 14)

a. How old were you the first time it occurred?

- 1  
Age 0-5
- 2  
Age 6-11
- 3  
Age 13-18

b. In general, how often did this occur?

- 1  
1 x a year
- 2  
1-11 x / year
- 3  
1-3 x / month
- 4  
1-6 x /week
- 5  
Once/day
- 6  
More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

14. Were you ever forced or coerced to perform sexual acts for money? YES NO  
(if no, go on to question 15)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1                      2                      3                      4                      5                      6  
1 x a year                      1-11 x / year                      1-3 x / month                      1-6 x /week                      Once/day                      More than 1x /year

c. Who was the person that most commonly did this?

0                      1                      2                      3                      4                      5                      6                      7  
Mother/ Female    Father/Male    Other Female    Other Male    Brother    Sister    Male Stranger    Female Stranger  
Primary Caretaker    Primary Caretaker    Adult                      Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0                      1                      2                      3  
Extremely Negative    Moderately Negative    Slightly Negative    No Effect  
  
4                      5                      6  
Slightly Positive                      Moderately Positive                      Extremely Positive

15. Were you ever forced or coerced to kiss someone in a sexual rather than an affectionate way? YES NO (if no, go on to question 16)

a. How old were you the first time it occurred?

1                      2                      3  
Age 0-5                      Age 6-11                      Age 13-18

b. In general, how often did this occur?

1 2 3 4 5 6  
1 x a year 1-11 x / year 1-3 x / month 1-6 x /week Once/day More than 1x/year

c. Who was the person that most commonly did this?

0 1 2 3 4 5 6 7  
Mother/ Female Father/Male Other Female Other Male Brother Sister Male Stranger Female Stranger  
Primary Caretaker Primary Caretaker Adult Adult

d. What kind of effect did this have on you emotionally at the time it occurred?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

**If you endorsed “yes” for any of these events reviewed above involving sexual activities, think about what effects these may have had on you today.**

1. Do you believe these events have an emotional effect on you today?  
YES NO If yes, what kind of effect?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

2. Do you believe these events affect your current functioning at school or at work?  
YES NO If yes, what kind of effect?

0 1 2 3  
Extremely Negative Moderately Negative Slightly Negative No Effect  
4 5 6  
Slightly Positive Moderately Positive Extremely Positive

3. Do you believe these events affect your current social or family relationships?  
YES NO If yes, what kind of effect?

0  
Extremely Negative

1  
Moderately Negative

2  
Slightly Negative

3  
No Effect

4  
Slightly Positive

5  
Moderately Positive

6  
Extremely Positive

**ETI – Early Trauma Inventory**  
**After 18 years of age**

Participant Name: \_\_\_\_\_ or ID: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sometimes, people experience events in which may be seen as stressful. **After the age of 18**, did you ever experience any of the following things? For each event **which you experienced after age 18**, circle the response which best corresponds to the number of times in which you have experienced the event:

1. Were you ever exposed to a life threatening natural disaster?

YES (If yes, how many times?) NO (If no, skip to question 2)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

2. Were you involved in a serious accident?

YES (If yes, how many times?) NO (If no, skip to question 3)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

3. Did you ever suffer a personal injury?

YES (If yes, how many times?) NO (If no, skip to question 4)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

4. Did you suffer a serious illness?

YES (If yes, how many times?) NO (If no, skip to question 5)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

5. Did you experience the death of a parent or primary caretaker?

YES (If yes, how many times?) NO (If no, skip to question 6)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

6. Did you experience serious injury or illness of a parent or primary caretaker?

YES (If yes, how many times?) NO (If no, skip to question 7)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

Participant Initials: \_\_\_\_\_ or ID: \_\_\_\_\_

***For each event you experienced AFTER the age of 18, circle the response which best corresponds to the number of times which you have experienced the event.***

7. Did you experience the separation of your parents?

YES (If yes, how many times?)      NO (If no, skip to question 8)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

8. Were you raised in a home other than your parents?

YES (If yes, how many years?)      NO (If no, skip to question 9) Who's home was it?

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

O	1	2	3	4
Relative	Friend	Foster Home	Adoptive Home	Orphanage

9. Did you experience the death of a sibling?

YES (If yes, how many times?)      NO (If no, skip to question 10)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

10. Did you experience the serious injury or illness of a sibling?

YES (If yes, how many times?)      NO (If no, skip to question 11)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

11. Did you experience the death of a friend?

YES (If yes, how many times?)      NO (If no, skip to question 12)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

12. Did you experience the serious injury of a friend?

YES (If yes, how many times?)      NO (If no, skip to question 13)

O	1	2	3	4	5
Never	Once	2-3x	4-5x	6-10x	More than 10x

Participant's Initials: \_\_\_ \_\_\_ \_\_\_ or ID: \_\_\_\_\_

***For each event you experienced AFTER the age of 18, circle the response which best corresponds to the number of times which you have experienced the event.***

13. Did you ever observe the death or serious injury of others?  
YES (If yes, how many times?) NO (If no, skip to question 14)
- |                       |      |      |      |       |               |
|-----------------------|------|------|------|-------|---------------|
| <input type="radio"/> | 1    | 2    | 3    | 4     | 5             |
| Never                 | Once | 2-3x | 4-5x | 6-10x | More than 10x |
14. Did you experience the divorce of your parents?  
YES (If yes, how many times?) NO (If no, skip to question 15)
- |                       |      |      |      |       |               |
|-----------------------|------|------|------|-------|---------------|
| <input type="radio"/> | 1    | 2    | 3    | 4     | 5             |
| Never                 | Once | 2-3x | 4-5x | 6-10x | More than 10x |
15. Did you ever witness violence towards others, including family members?  
YES (If yes, how many times?) NO (If no, skip to question 16)
- |                       |      |      |      |       |               |
|-----------------------|------|------|------|-------|---------------|
| <input type="radio"/> | 1    | 2    | 3    | 4     | 5             |
| Never                 | Once | 2-3x | 4-5x | 6-10x | More than 10x |
16. Did anyone in your family suffer from a mental or psychiatric illness, or have a "break down"? YES (If yes, how many years?) NO (If no, skip to question 17)
- |                       |      |      |      |       |               |
|-----------------------|------|------|------|-------|---------------|
| <input type="radio"/> | 1    | 2    | 3    | 4     | 5             |
| Never                 | Once | 2-3x | 4-5x | 6-10x | More than 10x |
17. Did your parents or primary caretakers have a problem with alcoholism?  
YES (If yes, how many years?) NO (If no, skip to question 18)
- |                       |               |         |         |          |                  |
|-----------------------|---------------|---------|---------|----------|------------------|
| <input type="radio"/> | 1             | 2       | 3       | 4        | 5                |
| Never                 | 1 yr. or less | 2-3 yrs | 4-5 yrs | 6-10 yrs | More than 10 yrs |
18. Did your parents or primary caretakers have a problem with drug abuse?  
YES (If yes, how many years?) NO (If no, skip to question 19)
- |                       |              |         |         |          |                  |
|-----------------------|--------------|---------|---------|----------|------------------|
| <input type="radio"/> | 1            | 2       | 3       | 4        | 5                |
| Never                 | 1 yr or less | 2-3 yrs | 4-5 yrs | 6-10 yrs | More than 10 yrs |
19. Were you ever a victim of a major theft, such as having your house broken into or family car stolen? YES (If yes, how many times?) NO (If no, skip to question 20)
- |                       |      |      |      |       |               |
|-----------------------|------|------|------|-------|---------------|
| <input type="radio"/> | 1    | 2    | 3    | 4     | 5             |
| Never                 | Once | 2-3x | 4-5x | 6-10x | More than 10x |

Participant's Initials: \_\_\_ \_\_\_ \_\_\_ or ID: \_\_\_\_\_

***For each event you experienced AFTER the age of 18, circle the response which best corresponds to the number of times which you have experienced the event.***

20. Were you ever a victim of armed robbery?

YES (If yes, how many times?) NO (If no, skip to question 21)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

21. Were you ever a victim of assault?

YES (If yes, how many times?) NO (If no, skip to question 22)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

22. Were you ever a victim of rape?

YES (If yes, how many times?) NO (If no, skip to question 23)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

23. Did you ever see someone murdered?

YES (If yes, how many times?) NO (If no, skip to question 24)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

24. Did you ever see someone close to you being murdered?

YES (If yes, how many years?) NO (If no, skip to question 25)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

25. Did you ever experience someone close to you being the victim of rape?

YES (If yes, how many times?) NO (If no, skip to question 26)

O            1                    2                    3                    4                    5  
Never        Once                2-3x                4-5x                6-10x                More than 10x

Participant's Initials: \_\_\_\_\_ or ID: \_\_\_\_\_

***For each event you experienced AFTER the age of 18, circle the response which best corresponds to the number of times which you have experienced the event.***

26. Did you ever work a stressful job?

YES (If yes, circle all that apply?)      NO (If no, skip to question 27)

O                      1                      2                      3                      4                      5  
Never    Emergency Med Tech    Police    Ambulance Driver    Prison Guard    Other

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

27. Were you ever a prisoner of war or a hostage?

YES (If yes, how many times?)      NO (If no, skip to question 28)

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

28. Were you ever on combat?

YES (If yes, how many times?)      NO (If no, skip to question 29)

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

29. Did you ever experience the death of your biological child?

YES (If yes, how many years?)      NO (If no, skip to question 30)

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

30. Did you ever experience the miscarriage of your child or your partners?

YES (If yes, how many times?)      NO (If no, skip to question 31)

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

31. IF EVER MARRIED: Did you ever experience the death of a spouse?

YES (If yes, how many times?)      NO (If no, skip to question 32) N/A

O                      1                      2                      3                      4                      5  
Never    Once                      2-3x                      4-5x                      6-10x                      More than 10x

Participant's Initials: \_\_\_\_\_ or I.D: \_\_\_\_\_

**If you said yes to any of these stressful events listed above continue with questions 32-34, if NO stressful events, STOP HERE.**

Instructions to the participant: "Please think about what effects these events may have on you today."

32. Do you believe these events have an effect on you emotionally today?  
YES (If yes, what kind of effect?) NO (If no, skip to question 33)

0	1	2	3	4	5	6
Extremely Negative	Moderately Negative	Slightly Negative	No Effect	Slightly Positive	Moderately Positive	Extremely Positive

33. Do you believe these events have an effect on your current functioning at work or school? YES (If yes, what kind of effect?) NO (If no, skip to question 34)

0	1	2	3	4	5	6
Extremely Negative	Moderately Negative	Slightly Negative	No Effect	Slightly Positive	Moderately Positive	Extremely Positive

34. Do you believe these events have an effect on your current social and family relationship? YES (If yes, what kind of effect?) NO (If no, STOP)

0	1	2	3	4	5	6
Extremely Negative	Moderately Negative	Slightly Negative	No Effect	Slightly Positive	Moderately Positive	Extremely Positive