

# Have You Experienced A Trauma?

Many people experience horrific and painful events that are difficult to shake. Take this short survey to identify potential traumatizing experiences you have endured. Your answers will remain confidential, so please be honest.

**Instructions:**

- 1) Carefully read each statement and select which answer best describes you.
- 2) Place a checkmark in the appropriate column for each question.
- 3) Return the completed form to Misti Storie to calculate and discuss your results.

Event	Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply to me
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
3. Fire or explosion					
4. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
5. Serious accident at work, home, or during recreational activity					
6. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
7. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
8. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
9. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
10. Other unwanted or uncomfortable sexual experience					
11. Combat or exposure to a war-zone (in the military or as a civilian)					
12. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
13. Life-threatening illness or injury					
14. Severe human suffering					
15. Sudden, violent death (for example, homicide, suicide)					
16. Sudden, unexpected death of someone close to you					
17. Serious injury, harm, or death you caused to someone else					
18. Any other very stressful event or experience					

*\*This form is adapted from the Life Events Checklist (LEC).*