



# Metro Counseling Center

*Healing the Brokenhearted*

## TRAUMATIC EVENTS SCREENING INVENTORY – ADULT REPORT

Adults may experience stressful events, which may affect their health and well-being. Please indicate if you have experienced any of these potentially stressful events by answering the following questions. If you have any questions/comments about any of the questions, I will be happy to talk to you about them.

***Place an X under Yes, No or Unsure to report your experiences.***

	Yes	No	Unsure
1. Have you <b>ever</b> been in a serious accident where someone could have been, or actually was, severely injured or died? (such as: a serious car or bicycle accident, a fall, a fire, an incident where you were burned, an actual or near drowning, or a severe sports injury?)			
2. Have you <b>ever</b> been in a serious natural disaster where someone could have been, or actually was, severely injured or died, like a tornado, hurricane, fire or earthquake)?			
3. Have you <b>ever</b> had someone close to you experience a severe illness/injury			
4. Have you experienced the death of someone close to you?			
5. Have you <b>ever</b> undergone: any serious medical procedures or had a life threatening illness, or been treated by a paramedic, or been seen in an emergency room, or hospitalized overnight for a medical procedure?			
6. Have you <b>ever</b> been separated from your child/another person who you depend on for love or security for more than a few days, OR under very stressful circumstances (such as, foster care, immigration, war, major illness, or hospitalization)?			
7. Have you or someone close to you <b>ever</b> attempted suicide, or harmed her/himself (cutting, etc.)?			
8. Has someone <b>ever</b> : physically assaulted you, like hitting, pushing, choking, shaking, biting, or burning? Or have you been punished in a way that caused physical injury or bruises? Or have you been attacked with a gun, knife, or other weapon? (This could be family or outside your family.)			
9. Have you <b>ever</b> been directly threatened with threat of serious physical harm?			
10. Have you <b>ever</b> been mugged, or had someone steal from you, or have you been present when a family member or friend was mugged?			
11. Have you <b>ever</b> been kidnapped or had someone close to you kidnapped?			
12. Have you <b>ever</b> been attacked by an animal?			
13. Have you experienced being bullied? <i>(Please give explanation to therapist.)</i>			
14. Have you <b>ever</b> seen, hear, or heard about people in YOUR FAMILY, physically fighting, hitting, slapping, kicking, or pushing each other? Or shooting with a gun, stabbing, or using any kind of dangerous weapon on each other?			
15. Have you <b>ever</b> seen or heard people IN YOUR FAMILY threaten to seriously harm each other in any way?			
16. Have you ever known or seen a family member arrested, jailed, imprisoned, or taken away (by police, soldiers, or any other authorities)?			
17. Have you <b>ever</b> : seen or heard people OUTSIDE YOUR FAMILY fighting, hitting, pushing or attacking each other or seen or heard about violence such as beatings, shootings or muggings that occurred in settings that are important to you, such as school, your neighborhood or a neighborhood of someone important to you?			
18. Have you <b>ever</b> been directly exposed to war, armed conflict or terrorism?			
19. Have you <b>ever</b> seen acts of war or terrorism on the television, internet or radio?			
20. Has someone <b>ever</b> forced you to see or do something sexual, like touching in a sexual way, exposing self or masturbating in front of you, or engaging in sexual intercourse?			
21. Have you <b>ever</b> been present when someone was being forced to engage in any sort of sexual activity?			
22. Have you <b>ever</b> repeatedly been told that you were no good, yelled at in a scary way, or had someone threaten to leave you or send you away?			
23. Have there been other stressful things that have happened to you?			