



Childhood Trauma History

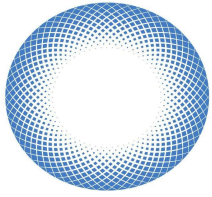
Name:

Today's Date:

Please read the following statements. If you experienced any of these events between birth and age 18, place a check under the age(s) it was true for you. If a statement is not true, leave it blank. If you are unsure about a statement, place a question mark under the age you believe you might have experienced it. Your answers are confidential.

Age

0-6	7-12	13-18	
___	___	___	I was beaten up by peers or a stranger
___	___	___	I was assaulted (physically harmed) by a family member
___	___	___	I had a close friend die
___	___	___	I had a close family member die
___	___	___	I was in a serious accident (i.e., car crash)
___	___	___	I was pregnant or impregnated someone
___	___	___	I had an abortion
___	___	___	I had a serious illness
___	___	___	I lived with a family member(s) that had a serious illness
___	___	___	I had to live apart from my brothers or sisters
___	___	___	I had to move often
___	___	___	My parents divorced
___	___	___	My parent(s) remarried
___	___	___	I had an alcoholic or drug abusing parent
___	___	___	I lived with a parent that physically beat the other parent
___	___	___	I was placed in a foster home
___	___	___	I was raised by a single parent
___	___	___	I was raised by someone other than my natural parents
___	___	___	I was sexually assaulted by a stranger(s) or date raped
___	___	___	I was sexually assaulted or molested by a family member
___	___	___	I was in a natural catastrophe (flood, tornado, earthquake)
___	___	___	I was in a fire
___	___	___	I was poor (without enough food, clothing, shelter, etc.)
___	___	___	I witnessed or was involved in a crime



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Other: