

Traumatic Events Screening Inventory – Self Report Revised

These questions are about stressful events that can happen to anybody. Please say if these things have happened to you. You can begin with the PRACTICE QUESTION. If you have any questions, please ask the adult who is helping you with this questionnaire.

What is your name? _____ What is today’s date? _____

PRACTICE ITEM			
Have you ever had a doctor’s visit?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> PASS
<hr/> IF you answered NO or PASS, go on to the next question. If YES, how old were you:			
the first time _____	the last time _____	the worst time _____	
(the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you)	(the doctor visit that you had most recently)	(the doctor visit that was the worst you ever had)	
Did you feel really bad, upset, scared, sad, or mixed up in the worst doctor’s visit or soon after?			
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PASS			
Who took you to the worst doctor’s visit?			
<input type="radio"/> Mother			
<input type="radio"/> Father			
<input type="radio"/> Brother/Sister			
<input type="radio"/> Other close relative or friend			
At the worst doctor’s visit, did you:			
<input type="radio"/> Get shots			
<input type="radio"/> Have your temperature taken			
<input type="radio"/> Have your ears and nose looked at			
<input type="radio"/> Get medicine			

Now you can go on to answer the rest of the questions:

1.1 **Have you ever *been in* a really bad accident where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** accident or soon after?

YES

NO

PASS

Was the accident:

A car crash

Bad sports injury

Bike crash

Bad fall

Almost drowning

Other accident _____

Did you:

Stop breathing

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Have to go in an ambulance

Have to go to the hospital emergency room (ER)

Have to have an operation in the hospital

Have to stay in the hospital until you were better

Did someone die?

Yes No Pass

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

1.2 **Have you ever *seen* a really bad accident (that didn't happen to you) where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** accident or soon after?

YES

NO

PASS

Was the accident:

A car crash

Bike crash

Bad fall

Almost drowning

Bad sports injury

Other accident _____

Did you see someone:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Did someone die?

Yes No Pass

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

1.3 **Have you ever *been in* a natural disaster (like a tornado, hurricane, flood, fire, earthquake) where someone could have been (or actually was) badly hurt or killed, or where your family had to leave their home?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** disaster or soon after?

YES

NO

PASS

Was the disaster:

A hurricane

Tornado

Big fire

Flood

Explosion

Other disaster _____

Did you:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you were better

Did someone die?

Yes No Pass

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

1.4a **Have there been any other times when someone close to you was so badly injured or so sick that he/she almost died or had to go to the hospital?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

The **worst** time this happened, did you feel really bad, upset, scared, sad, or mixed up?

YES

NO

PASS

Was the sickness or accident:

Cancer

Heart attack

Bad accident

Beating

Other accident _____

Other sickness _____

Did this person:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Did someone die?

Yes No Pass

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

1.4b **Has someone close to you ever died, not counting someone who was old and died naturally?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** death?

YES

NO

PASS

Did the person die because of

Cancer

Heart attack

Bad accident

Beating

Shooting

Other accident _____

Other sickness _____

Other reason _____

Did you see the person who died:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Did someone die?

Yes No Pass

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

1.5 **Have you ever been so sick that you or the doctor thought you might die? Or so sick that you had to have hospital emergency medical treatment or an operation where you were put to sleep the whole time?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Was the sickness or accident:

Cancer

Heart or blood problem

Bad accident

Beating

Other accident _____

Other sickness _____

Did you:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you were better

1.6 **Have you ever been separated from someone who you depend on for love or security for more than a few days? (like going to a foster home or detention center, moving to the U.S.A. from another country, or because of being in a war or having a major illness or being in a hospital for a long time)**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** separation?

YES

NO

PASS

Who were you separated from:

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

What happened?:

You were very sick and had to stay in the hospital

You were in a detention center

You were in a foster home

You were living with another relative

There was a war

Something else happened _____

1.7 **Has someone close to you ever tried to *kill or hurt himself/herself* really badly *on purpose* (like stabbing, cutting, or burning himself/herself, or taking too many pills or drugs [an overdose])?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Who did this?:

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend _____

Someone else _____

When this person tried to hurt or kill himself/herself, did he/she:

Die

Get really bloody or bleed a lot

Get badly burned

Hang himself/herself

Shoot himself/herself

Stop breathing

Have to go the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until he/she was better

2.1 **Has someone ever physically (bodily) attacked you, like hitting, pushing, choking, shaking, biting, or burning you? Or punished you so you were badly hurt or bruised? Or attacked you with a gun, knife, or other weapon?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Who tried to hurt you?:

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Kids your age

Kids older than you

Gang

Other close relative/friend _____

Teacher

Foster parent

Staff at a program

Other adult _____

Someone else _____

What happened?:

They tried to beat you up

They punished you

They used a weapon (gun, knife, bat, sharp or heavy object)

When this happened, did you:

Get really bloody or bleed a lot

Get badly burned

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you were better

2.2 **Has someone ever said they were going to hurt you really badly or kill you?
Or acted like they were going to hurt you really badly or kill you, even if they
didn't actually do it?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES

NO

PASS

Who threatened you?:

Mother

Father

Brother/Sister

Other close relative/friend

Boyfriend/Girlfriend

Kids your age

Kids older than you

Gang

Teacher

Foster parent

Staff at a program

Other adult _____

Someone else _____

What happened?:

They threatened to beat you up

They threatened to punish you

They threatened to use a weapon (gun,
knife, bat, sharp or heavy object)

2.3 **Has someone ever *mugged you (jumped you)*—attacked you in order to steal from you? Or have you seen a family member or someone you care about get *mugged or jumped*?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the **first** time _____

the **last** time _____

the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** mugging?

YES

NO

PASS

Who was the mugger?:

Kid your age

Kid older than you

Gang

Other adult _____

Someone else _____

What happened?:

You got mugged

You saw someone you care about get mugged

Mugger used a weapon (gun, knife, bat, sharp or heavy object)

2.4 **Has anyone ever *kidnapped* you—taken you away from your home when they shouldn't have? Or has someone close to you ever been *kidnapped*?**

YES NO PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** kidnapping?

YES NO PASS

Who was the kidnapper?:

Adult in your family

Kid your age

Kid older than you

Gang

Other adult _____

Someone else _____

What happened?:

You got kidnapped

Someone close to you got kidnapped

Kidnapper used a weapon (gun, knife, bat, sharp or heavy object)

2.5 **Have you ever been *attacked by a dog or other animal*?**

YES NO PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** dog/animal attack?

YES NO PASS

When this happened, did you:

Get really bloody or bleed a lot

Get knocked out

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Have to have an operation in the hospital

Have to stay in the hospital until you got better

3.1 **Have you ever seen or heard people *in your family* physically fighting, hitting, slapping, kicking, or throwing things at each other? What about shooting with a gun or a stabbing, or any other kind of dangerous weapon?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** fighting?

YES

NO

PASS

Who started it?:

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

Did you see someone:

Have broken bones

Get knocked out

Get badly burned

Get really bloody or bleed a lot

Stop breathing

Have to go to the hospital emergency room (ER)

Have to go in an ambulance

Did someone die?

If YES, who?

Mother

Father

Brother/Sister

Other close relative/friend

Someone else _____

3.2 **Have there been any other times when you saw or heard people *in your family* act like *they were going to kill or hurt each other really badly*, even if they didn't actually do it?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. **If YES**, how old were you:
the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES NO PASS

Who made the threats?:

Mother

Father

Brother/Sister

Other close relative/friend _____

Someone else _____

3.3 **Have you ever had a family member who was *arrested, put in jail or prison, or taken away by the police, soldiers, or other authorities*?**

YES

NO

PASS

IF you answered NO or PASS, go on to the next question. **If YES**, how old were you:
the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up? YES NO PASS

Who was taken away?:

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend

Someone else _____

How long was it until he/she came home?

1-2 days

1-2 weeks

1 month

many months

never came back

4.1 **Have you ever seen or heard people *outside your family fighting, hitting, beating, shooting or attacking* each other in your school or neighborhood?**

YES NO PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the **worst** violence you saw or heard? YES NO PASS

Were weapons used? YES NO PASS

Did someone have to go to the hospital? YES NO PASS

Was someone killed or almost killed? YES NO PASS

Was someone taken to jail or detention? YES NO PASS

4.2 **Have you ever been in a *war or a terrorist attack*?**

YES NO PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst time this happened? YES NO PASS

Did you see people fighting? YES NO PASS

Did you see or hear a bomb blow up? YES NO PASS

Did you see someone killed or badly hurt? YES NO PASS

Did you have to fight? YES NO PASS

4.3 Have you ever seen *real wars or terrorist attacks* on the TV?

0 YES 0 NO 0 PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?
0 YES 0 NO 0

PASS

Did you see people fighting? **0 YES 0 NO 0 PASS**

Did a bomb blow up or explode? **0 YES 0 NO 0 PASS**

Did you see someone killed or badly hurt? **0 YES 0 NO 0 PASS**

Did this happen near where you live or go to school or go for activities (like stores or parks or theaters)? **0 YES 0 NO 0 PASS**

4.4 Have you ever had a time in your life when you *did not have the right care -- like not having enough to eat or drink, being homeless, being left alone when you were too young to care for yourself, or being left with someone using drugs? Or have you ever been left in charge of your younger brothers or sisters for long periods of time, sometimes for several days?*

0 YES 0 NO 0 PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?
0 YES 0 NO 0

PASS

Did you have to look after your brothers/sisters or other young kids most of the time?
0 YES 0 NO 0 PASS

5.1 **Has someone ever *made you see or do something sexual* -- like touching you in a sexual way or in your private parts, or making you see or touch their private parts, or making you watch them touch their own private parts?**

YES NO PASS

If you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES NO PASS

Who did this to you?

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Boyfriend/Girlfriend
- Kids your age
- Kids older than you
- Gang
- Teacher
- Foster parent
- Staff at a program
- Other adult _____
- Someone else _____
- A stranger

Did you have to do something sexual? YES NO PASS

Did you have to watch sex acts? YES NO PASS

Did someone threaten to hurt you really badly? YES NO PASS

Were you physically hurt? YES NO PASS

Did you try to get help by telling someone? YES NO PASS

If you told about this:

Did anyone believe you? YES NO PASS

Did anyone help you? YES NO PASS

Did they make it stop? YES NO PASS

Did someone say you were bad? YES NO PASS

Did someone punish you for telling? YES NO PASS

5.2 Have you seen or heard someone else being forced to do sex acts?			
	0 YES	0 NO	0 PASS
<hr/>			
IF you answered NO or PASS, go on to the next question. If YES, how old were you:			
the first time _____	the last time _____	the worst time _____	
Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?			
	0 YES	0 NO	0 PASS
Who made this happen?			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father			
<input type="checkbox"/> Brother/Sister			
<input type="checkbox"/> Other close relative/friend			
<input type="checkbox"/> Boyfriend/Girlfriend			
<input type="checkbox"/> Kid(s) your age			
<input type="checkbox"/> Kid(s) older than you			
<input type="checkbox"/> Gang			
<input type="checkbox"/> Teacher			
<input type="checkbox"/> Foster parent			
<input type="checkbox"/> Staff at a program			
<input type="checkbox"/> Other adult _____			
<input type="checkbox"/> Someone else _____			
<input type="checkbox"/> A stranger			
Who was being forced to do sex acts?			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father			
<input type="checkbox"/> Brother/Sister			
<input type="checkbox"/> Other close relative/friend			
<input type="checkbox"/> Boyfriend/Girlfriend			
<input type="checkbox"/> Kid(s) you age			
<input type="checkbox"/> Kid(s) older than you			
<input type="checkbox"/> Gang			
<input type="checkbox"/> Teacher			
<input type="checkbox"/> Foster parent			
<input type="checkbox"/> Staff at a program			
<input type="checkbox"/> Other adult _____			
<input type="checkbox"/> Someone else _____			
<input type="checkbox"/> A stranger			
Did someone use a weapon to do this?	0 YES	0 NO	0 PASS
Was someone hurt badly?	0 YES	0 NO	0 PASS

6.1 **Have you ever been told repeatedly that you were no good, that the people you live with were going to leave or send you away because you were bad?**

YES NO PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
 the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES NO PASS

Who said this to you?

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend

Someone else _____

6.2 **Have you ever watched people using drugs, like smoking drugs or using needles?**

YES NO PASS

IF you answered NO or PASS, you can stop here. If YES, how old were you:

the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

YES NO PASS

Who was using drugs?

Mother

Father

Brother/Sister

Boyfriend/Girlfriend

Other close relative/friend

Someone else _____

Thank you for answering all of these questions carefully. If you have any questions or would like to talk about any of your answers, please tell the adult who collects this questionnaire from you and he/she will be glad to talk with you.