

4261

----- PLEASE COMPLETE IN BLACK INK ONLY. -----

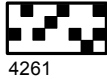
Trauma Questionnaire (TQ)

| | | | |
|---|---|--|-----------------------------------|
| initials <input type="text"/> | ID # <input type="text"/> | date <input type="text"/> / <input type="text"/> / <input type="text"/> | visit <input type="text"/> |
| age <input type="text"/> | marital status <input type="radio"/> married <input type="radio"/> separated <input type="radio"/> widowed <input type="radio"/> never married <input type="radio"/> divorced <input type="radio"/> refused | protocol number <input type="text"/> | |
| gender <input type="radio"/> male <input type="radio"/> female | race or ethnic origin <input type="radio"/> white, not Hispanic origin <input type="radio"/> black, not Hispanic origin <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Native American or Alaskan native <input type="radio"/> other <input type="radio"/> unsure | | |

Some people have experienced one or more events which are outside the range of usual human experience and which would be markedly distressing to almost anyone. These might be events which would present a serious threat to one's life or physical well-being; serious threat or harm to a family member or close friend; sudden destruction of one's home or community; or seeing another person being seriously injured or dying as the result of an accident or violence.

I. Have you ever experienced any of the following events?

| event | # of times | | | if series, age at last occurrence |
|---|----------------------|--------------------------|---------------------------|--|
| | | no | yes | |
| 1 car, train or airplane accident | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 2 industrial or work-related accident | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 3 loss of home or family member by fire | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 4 loss of home or family member by flood | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 5 loss of home or family member by tornado or hurricane | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 6 loss of home or family member by earthquake | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 7 serious threat or harm to family member or close friend | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 8 unexpected death of family member or close friend | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 9 seeing another person seriously injured or dying as a result of accident or violence | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 10 near drowning | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 11 physical abuse | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |
| 12 being seriously burned | <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> |



initials ID # date / / visit

| event | # of times | | | if series, age at last occurrence | |
|-------------------------------|---|--------------------------|---------------------------|---|---|
| | | no | yes | age | occurrence |
| 13 being held captive | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 14 military combat | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 15 assault | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 16 rape | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 17 incest | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 18 being kidnapped | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 19 childhood sexual abuse | <input type="text"/> <input type="text"/> | <input type="radio"/> no | <input type="radio"/> yes | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 20 other <input type="text"/> | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 21 other <input type="text"/> | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 22 other <input type="text"/> | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 23 other <input type="text"/> | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

II. A. Record the total number of traumatic experiences:

B. How many were single events?

C. How many were series events (taking place over days, weeks, months or years)?

D. What was the duration of the longest series? days weeks months years

III. If more than one traumatic experience: Of these traumatic events, which one do you consider to be the worst or most serious? (enter number)

IV. Which event is causing the most difficulty for you currently? (enter number)

V. Would you briefly tell me what happened during

(Ask about event which will be the focus of the PTSD assessment.)