

# 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?**       YES       NO       PASS

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

<p><b>the first time</b> _____ (the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you)</p>	<p><b>the last time</b> _____ (the doctor visit that you had most recently)</p>	<p><b>the worst time</b> _____ (the doctor visit that was the worst you ever had)</p>
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Did you feel really bad, upset, scared, sad, or mixed up in the **worst** doctor’s visit or soon after?       YES       NO       PASS

Who took you to **the worst** doctor’s visit?

Mother

Father

Brother/Sister

Other close relative or friend

At the **worst** doctor’s visit, did you:

Get shots

Have your temperature taken

Have your ears and nose looked at

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

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**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





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

<b>5.2 Have you seen or heard someone else being forced to do sex acts?</b>			
	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
<hr/>			
<b>IF you answered NO or PASS, go on to the next question. If YES, how old were you:</b>			
the <b>first</b> time _____	the <b>last</b> time _____	the <b>worst</b> time _____	
Did you feel really bad, upset, scared, sad, or mixed up the <b>worst</b> time this happened?			
	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
<b>Who made this happen?</b>			
<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			
<b>Who was being forced to do sex acts?</b>			
<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?	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>
Was someone hurt badly?	<b>0 YES</b>	<b>0 NO</b>	<b>0 PASS</b>

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.***