

ADULT TRAUMA HISTORY

What are the three most traumatic things you have experienced?

- 1.
- 2.
- 3.

PRENATAL / PERINATAL HISTORY

- Was your pregnancy planned?
- Were you a wanted child?
- Were you premature?
- Were you in an incubator for more than two days?
- Was your birth difficult?
- Was your mother in poor physical or emotional health?
- Did she experience any losses or dramatic events during her pregnancy with you?
- Did your parent(s) want a child of the opposite gender?
- Were you adopted?
- As an infant, were you separated from your mother at birth?
- Did you have any medical problems or early hospitalization?
- Were there other children in your family?
- Did you feel accepted by them?
- Did your family have adequate food, shelter, and other basic needs met?
- Did you feel loved?

PHYSICAL HISTORY

- Have you had any hospitalizations, surgery, or serious illness?
- Have you had any long-term or difficult medical treatments?
- Have you had any life-threatening conditions?
- Have you had any accidents (burns, falls, broken bones, auto, etc.)?
- Have you had any difficult experiences with doctors, nurses, or hospitals? How did you respond?
- Have you experienced chronic, unexplained physical ailments?

What was going on in your life when symptoms were first apparent?

- headaches _____
- stomach aches _____
- colitis _____
- irritable bowel syndrome (IBS) _____
- auto immune disorder _____
- joint pains _____

- ___ skin conditions _____
- ___ other _____

FAMILY RELATIONSHIPS

- ___ Were you separated from either parent or siblings for a lengthy period?
- ___ Where/with whom did you live then?
- ___ Did any family members have alcohol or drug problems?
- ___ Did your parents fight -- verbally?
- ___ Did your parents fight -- physically?
- ___ Did you hear / see these fights?
- ___ How were you punished or disciplined? Were you hit?
- ___ How often?
- ___ How severely?
- ___ Did you experience any incest, molestation, or inappropriate touch?
- ___ Did you have any serious fights with siblings?
- ___ Ongoing difficulties with siblings?
- ___ Were your parents married? Divorced? Remarried?
- ___ Were there any other relationships coming into the home?
- ___ How many caregivers did you have while growing up?
- ___ How many places did you live while growing up?

SCHOOL / WORK RELATED EXPERIENCES

- ___ Did you feel teased, tormented, bullied or threatened?
- ___ Did you feel excluded, outcast, or ostracized?
- ___ Did you experience prejudices?

FRIGHTENING EVENTS

- ___ Have you had any direct experience with human-caused assault (kidnapping, mugging, rape, arson, etc?)
- ___ Have you had any direct experience with nature-based fear (tornado, earthquake, flood, fire, etc?)
- ___ Have you witnessed any frightening events?
- ___ What events?
- ___ At what age?
- ___ Do you have a close connection to someone who experienced a frightening event?
- ___ Have you had a frightening spiritual or religious experience?

LOSSES

- ___ Have you experienced any deaths of significant others?
- ___ What circumstances?
- ___ Have you experienced the loss of a treasured pet?
- ___ Have you experienced the loss of a pregnancy?
- ___ Through what means?
- ___ Have you experienced a serious break-up with good friends, boy/girlfriend, spouse or significant other?
- ___ Have you experienced a loss of job?
- ___ What circumstances?
- ___ Have you experienced a loss of home?
- ___ What circumstances?

OTHER UPSETTING LIFE EVENTS OR EXPERIENCES: