

Traumatic Life Events Inventory and Post-Traumatic Stress Disorder Checklist

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event, **circle one or more** of the numbers to the right to indicate that: (a) **it happened to you** personally, (b) **you witnessed it** happen to someone else, (c) you learned about it **happening to someone close to you**, (d) you're **not sure** if it fits, or (e) **it doesn't apply** to you.

Be sure to **consider your entire life** (growing up as well as adulthood) as you go through the list of events.

Event		Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply
1.	Natural disaster (for example, flood, hurricane, tornado, earthquake)	0	1	2	3	4
2.	Fire or explosion	0	1	2	3	4
3.	Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	0	1	2	3	4
4.	Serious accident at work, home, or during recreational activity	0	1	2	3	4
5.	Exposure to toxic substance (for example, dangerous chemicals, radiation)	0	1	2	3	4
6.	Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	0	1	2	3	4
7.	Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	0	1	2	3	4

8.	Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	0	1	2	3	4
9.	Other unwanted or uncomfortable sexual experience	0	1	2	3	4

(continued)

Event		Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply
10.	Combat or exposure to a war-zone (in the military or as a civilian)	0	1	2	3	4
11.	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	0	1	2	3	4
12.	Life-threatening illness or injury	0	1	2	3	4
13.	Severe human suffering	0	1	2	3	4
14.	Sudden, violent death (for example, homicide, suicide)	0	1	2	3	4
15.	Sudden unexpected death of someone close to you	0	1	2	3	4
16.	Serious injury, harm, or death you caused to someone else	0	1	2	3	4
17.	Any other very stressful event or experience	0	1	2	3	4

(continued)

If an event listed on the previous page **happened to you** or you **witnessed it**, please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now**.

The event you experienced was _____ on _____
(Date) (Event)

Instructions

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month**.

Bothered by		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated disturbing memories, thoughts or images of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3.	Suddenly acting or feeling as if the stressful experience were happening again? (As if you were reliving it?)	1	2	3	4	5
4.	Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5.	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	1	2	3	4	5

6.	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
7.	Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5

(continued)

Bothered by		Not at all	A little bit	Moderately	Quite a bit	Extremely
8.	Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling distant or cut off from other people?	1	2	3	4	5
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your future will somehow be cut short?	1	2	3	4	5
13.	Trouble falling or staying asleep?	1	2	3	4	5
14.	Feeling irritable or having angry outbursts?	1	2	3	4	5
15.	Having difficulty concentrating?	1	2	3	4	5
16.	Being "super-alert" or watchful or on guard?	1	2	3	4	5
17.	Feeling jumpy or easily startled?	1	2	3	4	5

Scoring	1) Was the person exposed to at least one event that involved actual or threatened death or serious injury, or threat to physical integrity of self or others? YES NO
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2) Did the person respond with intense fear, helplessness or horror? YES NO	
3) Score of 44 or more? (add up all 17 items on the second page) YES NO	If YES to all, PTSD: YES NO Total Score: _____