

Dr. Linda Olson, Psy.D.

HISTORY AND SEVERITY OF TRAUMATIC EVENTS

PATIENT'S NAME: _____ AGE: _____ DATE: _____

Please read all instructions before completing.

Briefly describe the nature of the trauma and the date or dates when the event occurred.

Then on a scale of 0 to 4, rank according to the severity of the trauma's effect(s) on you: *at the time of the trauma* **and** *now* – by circling the appropriate number (0 = no effect, 1 = mild effects, 2 = moderate effects, 3 = severe effects, 4 = devastating effects):

SEVERITY OF AFTER-EFFECTS

<u>TRAUMATIC EVENT</u>	<u>Please give a BRIEF DESCRIPTION & DATE(S)</u>	<u>At that Time</u>	<u>Now</u>
1. Vehicular accident	_____	0 1 2 3 4	0 1 2 3 4
2. Job related accident/injury	_____	0 1 2 3 4	0 1 2 3 4
3. Murder of close family member	_____	0 1 2 3 4	0 1 2 3 4
4. Injury of family or friend	_____	0 1 2 3 4	0 1 2 3 4
5. Natural disaster	_____	0 1 2 3 4	0 1 2 3 4
6. Violence between family members	_____	0 1 2 3 4	0 1 2 3 4
7. Victim of assault	_____	0 1 2 3 4	0 1 2 3 4
8. Family "break-up"	_____	0 1 2 3 4	0 1 2 3 4
9. Abused as a child	_____	0 1 2 3 4	0 1 2 3 4
10. Murder of a friend	_____	0 1 2 3 4	0 1 2 3 4
11. Kidnapping or abduction	_____	0 1 2 3 4	0 1 2 3 4
12. Divorce	_____	0 1 2 3 4	0 1 2 3 4
13. Eviction or sudden move from home	_____	0 1 2 3 4	0 1 2 3 4
14. Serious financial problems	_____	0 1 2 3 4	0 1 2 3 4
15. Witness to violence	_____	0 1 2 3 4	0 1 2 3 4
16. Suicide of family member or friend	_____	0 1 2 3 4	0 1 2 3 4
17. Serious illness of family member	_____	0 1 2 3 4	0 1 2 3 4
18. Loss of job	_____	0 1 2 3 4	0 1 2 3 4
19. Abusing someone	_____	0 1 2 3 4	0 1 2 3 4
20. Drug/alcohol related abuse	_____	0 1 2 3 4	0 1 2 3 4
21. Sexual harassment at work	_____	0 1 2 3 4	0 1 2 3 4
22. Being held against your will	_____	0 1 2 3 4	0 1 2 3 4
23. Infertility	_____	0 1 2 3 4	0 1 2 3 4

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SEVERITY OF AFTER-EFFECTS

<u>TRAUMATIC EVENT</u>	Please give a <u>BRIEF DESCRIPTION & DATE(S)</u>	<u>At that Time</u>	<u>Now</u>
23. Termination of pregnancy (abortion)	_____	0 1 2 3 4	0 1 2 3 4
24. War traumas	_____	0 1 2 3 4	0 1 2 3 4
25. Robbery or burglary	_____	0 1 2 3 4	0 1 2 3 4
26. Victim of Satanic ritual abuse	_____	0 1 2 3 4	0 1 2 3 4
27. Break-up of long-term relationship	_____	0 1 2 3 4	0 1 2 3 4
28. Regular exposure to TV violence	_____	0 1 2 3 4	0 1 2 3 4
29. Near fatal illness or surgery	_____	0 1 2 3 4	0 1 2 3 4
30. Repeated sexual abuse	_____	0 1 2 3 4	0 1 2 3 4
31. Betrayal by a parent	_____	0 1 2 3 4	0 1 2 3 4
32. Death of a parent	_____	0 1 2 3 4	0 1 2 3 4
33. Death of a relative or friend	_____	0 1 2 3 4	0 1 2 3 4
34. Victim of shooting	_____	0 1 2 3 4	0 1 2 3 4
35. Witnessing a murder	_____	0 1 2 3 4	0 1 2 3 4
36. Child or children taken away	_____	0 1 2 3 4	0 1 2 3 4
37. Beaten by a parent	_____	0 1 2 3 4	0 1 2 3 4
38. Beaten by a spouse	_____	0 1 2 3 4	0 1 2 3 4
39. Homelessness	_____	0 1 2 3 4	0 1 2 3 4
40. Victimized by an organization	_____	0 1 2 3 4	0 1 2 3 4
41. Victim of sexual trauma by family member	_____	0 1 2 3 4	0 1 2 3 4
42. Victim of sexual trauma by friend	_____	0 1 2 3 4	0 1 2 3 4
43. Death of unborn or newly born child	_____	0 1 2 3 4	0 1 2 3 4
44. Marital separation from mate	_____	0 1 2 3 4	0 1 2 3 4
45. Jailed or detained	_____	0 1 2 3 4	0 1 2 3 4
46. Fired from job	_____	0 1 2 3 4	0 1 2 3 4
47. Retirement from work	_____	0 1 2 3 4	0 1 2 3 4
48. Loan foreclosure	_____	0 1 2 3 4	0 1 2 3 4
49. Bankruptcy	_____	0 1 2 3 4	0 1 2 3 4
50. Evicted from home	_____	0 1 2 3 4	0 1 2 3 4
51. Sibling abuse	_____	0 1 2 3 4	0 1 2 3 4
52. Prostitution	_____	0 1 2 3 4	0 1 2 3 4

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<u>TRAUMATIC EVENT</u>	Please give a BRIEF DESCRIPTION & DATE(S)	<u>SEVERITY OF AFTER-EFFECTS</u>	
		<u>At that Time</u>	<u>Now</u>
53. Sexual Abuse	_____	0 1 2 3 4	0 1 2 3 4
54. Physical Abuse	_____	0 1 2 3 4	0 1 2 3 4
55. Serious medical problems	_____	0 1 2 3 4	0 1 2 3 4
56. Poor parenting	_____	0 1 2 3 4	0 1 2 3 4
57. Victim racial discrimination	_____	0 1 2 3 4	0 1 2 3 4
58. Victim of age discrimination	_____	0 1 2 3 4	0 1 2 3 4
59. Victim of other discrimination	_____	0 1 2 3 4	0 1 2 3 4
60. Mugging	_____	0 1 2 3 4	0 1 2 3 4
61. Other serious trauma	_____	0 1 2 3 4	0 1 2 3 4

Please list your five most severe traumas in the order of severity:

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe which of these traumas you cannot resolve and continue to have difficulty with emotional pain:

Patient Signature: _____