

Life Stressor Checklist - Revised

Admit ID Number

Please fill in today's date:

 / /

READ THIS FIRST: Now we are going to ask you some questions about events in your life that are frightening, upsetting, or stressful to most people. Please think back over your **whole life** when you answer these questions. Some of these questions may be about upsetting events you don't usually talk about. Your answers are important, but **you do not have to answer any questions that you do not want to**. Thank you.

1. **Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion)?** Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

2. **Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)?** Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

3. **Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident)?** Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

4. **Was a close family member ever sent to jail?** Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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5. Have you ever been sent to jail?

Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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6. Were you ever put in foster care or put up for adoption?

Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

7. Did your parents ever separate or divorce while you were living with them?

Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

8. Have you ever been separated or divorced?

Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

9. Have you ever had serious money problems (for example, not enough money for food or place to live)?

Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were "no good")? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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13. WOMEN ONLY: Have you ever had an abortion or miscarriage (lost your baby)? Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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14. Have you ever been separated from your child against your will (for example, the loss of custody or visitation or kidnapping)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
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15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk) Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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17. Has someone close to you died suddenly or unexpectedly (for example, sudden heart attack, murder or suicide)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

18. Has someone close to you died (do NOT include those who died suddenly or unexpectedly)? Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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19. When you were young (before age 16), did you ever see violence between family members (for example, hitting, kicking, slapping, punching)? Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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20. Have you ever seen a robbery, mugging, or attack taking place? Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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21. Have you ever been robbed, mugged, or physically attacked (not sexually) by someone you did not know? Yes No

- a. How old were you when this happened?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

22. Before age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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23. After age 16, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband hit, slapped, choked, burned, or beat you up)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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24. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or school (for example, a coworker, a boss, a customer, another student, a teacher)? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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25. Before age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

26. After age 16, were you ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

27. Before age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
not at all some extremely

28. After age 16, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to harm you if you didn't? Yes No

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
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not at all some extremely

29. Are there any events we did not include that you would like to mention? Yes No

What was the event? _____

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
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30. Have any of the events mentioned above ever happened to someone close to you so that even though you didn't see it yourself, you were seriously upset by it? Yes No

What was the event? _____

- a. How old were you when this happened? b. When it ended?
- c. At the time of the event did you believe that **you or someone else** could be **killed** or seriously **harmed**? Yes No
- d. At the time of the event did you experience feelings of **intense** helplessness, fear, or horror? Yes No
- e. How much is this affected your life in the past year? 1 2 3 4 5
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