Trauma Information Form

Date________________
Participant identification number______________________

Trauma Information Form

INSTRUCTION: “Many people have lived through or seen something bad that made them very upset and very frightened. I would like to ask you a few questions about things that have happened in your life.”

“I am going to show you some pictures of bad or not nice things that could happen to people that may make them upset of frightened. I would like you to tell me if any of them have happened to you, or if you have seen them happen. Remember there is no right or wrong answers.”

Please tick √ if this has happened to you

Car or plane crash
Fire or Explosion

Please tick √ if this has happened to you

Earthquake, flood, hurricane, or other very bad and dangerous weather

Please tick √ if this has happened to you
Beaten up by someone

Please tick √ if this has happened to you

Someone using a weapon against you (for example, a knife or gun)

Please tick √ if this has happened to you
Been Bullied

[Drawing of a person being bullied]

Please tick √ if this has happened to you

Someone touching you in a place that you didn't want them to

[Drawing of someone being touched]

Please tick √ if this has happened to you
Someone having or trying to have sex with you when you didn’t want them to

Please tick √ if this has happened to you

Been in a place where a war is happening

Please tick √ if this has happened to you
Locked in somewhere when you did not want to be (for example, in prison or as a hostage)

Torture

Please tick √ if this has happened to you

Please tick √ if this has happened to you
An illness that meant you could die. Or an getting so badly hurt or injured you thought you might die.

Please tick √ if this has happened to you

Someone that you liked very much has died when you didn’t expect it

Please tick √ if this has happened to you
INSTRUCTION: “Can you think of anything else that has happened to you that has made you very upset or very frightened?”

______________________________________________________________

______________________________________________________________

INSTRUCTION: “Out of the things that have happened to you, which one has upset you the most?”

PLEASE TICK

<table>
<thead>
<tr>
<th>Car or plane crash</th>
<th>War Zone</th>
</tr>
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<tbody>
<tr>
<td>Fire or Explosion</td>
<td>Prison</td>
</tr>
<tr>
<td>Natural Disaster</td>
<td>Torture</td>
</tr>
<tr>
<td>Beaten up by someone</td>
<td>Illness</td>
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<tr>
<td>Been bullied</td>
<td>Bereavement</td>
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<tr>
<td>Someone using a weapon</td>
<td>Other</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td></td>
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</tbody>
</table>

“When did this happen?” (CIRCLE ONE)

Happened since told about meeting James

Before Last Christmas

When I was a child or teenager

THIS FOLLOWING QUESTION SHOULD BE ASKED AFTER THE ADMINISTRATION OF THE IES-ID.

“Now I would like you to tell me how much the problems you told me about before have got in the way of the following areas in your life over the past few weeks. Please just answer yes or no to each question”.

Work / day centre

YES  NO

Relationships with friends and family

YES  NO

Going out and having fun

YES  NO

School / College work

YES  NO

How happy you are with life

YES  NO