Traumatic Events Screening Inventory – Self Report Revised

These questions are about stressful events that can happen to anybody. Please say if these things have happened to you. You can begin with the PRACTICE QUESTION. If you have any questions, please ask the adult who is helping you with this questionnaire.

What is your name? ______________________  What is today’s date? _______

<table>
<thead>
<tr>
<th>PRACTICE ITEM</th>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</thead>
<tbody>
<tr>
<td>Have you ever had a doctor’s visit?</td>
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</tbody>
</table>

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

- the first time _____
- the last time _____
- the worst time _____

(the first time you ever saw a doctor, even if you were very young and only know about it because an adult told you)

(thed doctor visit that you had most recently)

(thed doctor visit that was the worst you ever had)

Did you feel really bad, upset, scared, sad, or mixed up in the worst doctor’s visit or soon after?

θ YES  θ NO  θ PASS

Who took you to the worst doctor’s visit?

θ Mother
θ Father
θ Brother/Sister
θ Other close relative or friend

At the worst doctor’s visit, did you:

θ Get shots
θ Have your temperature taken
θ Have your ears and nose looked at
θ Get medicine

Now you can go on to answer the rest of the questions:
1.1 Have you ever been in a really bad accident where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)

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<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</table>

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____    the last time _____    the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst accident or soon after?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
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Was the accident:

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<th>YES</th>
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Did you:

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<th>YES</th>
<th>NO</th>
<th>PASS</th>
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Did someone die?

<table>
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<th></th>
<th>YES</th>
<th>NO</th>
<th>Pass</th>
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</table>

If YES, who?

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<thead>
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<th></th>
<th>YES</th>
<th>NO</th>
<th>Pass</th>
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Other relative/friend

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<th></th>
<th>YES</th>
<th>NO</th>
<th>Pass</th>
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</thead>
</table>

Someone else __________
1.2 Have you ever seen a really bad accident (that didn’t happen to you) where someone could have been (or actually was) badly injured or killed? (like a bad car or bike crash, a fall, a fire, bad burn, almost drowning, or a bad sports injury)

   θ YES  θ NO  θ PASS

**IF you answered NO or PASS**, go on to the next question. **If YES**, how old were you:

the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst accident or soon after?

   θ YES  θ NO  θ PASS

**Was the accident:**

θ A car crash
θ Bike crash
θ Bad fall
θ Almost drowning
θ Bad sports injury
θ Other accident __________

**Did you see someone:**

θ Have broken bones
θ Get knocked out
θ Get badly burned
θ Get really bloody or bleed a lot
θ Stop breathing
θ Have to go to the hospital emergency room (ER)
θ Have to go in an ambulance

**Did someone die?**

θ Yes  θ No  θ Pass

   **If YES**, who?

θ Mother
θ Father
θ Brother/Sister
θ Other close relative/friend
θ Someone else __________
1.3 Have you ever been in a natural disaster (like a tornado, hurricane, flood, fire, earthquake) where someone could have been (or actually was) badly hurt or killed, or where your family had to leave their home?

θ YES  θ NO  θ PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst disaster or soon after?

θ YES  θ NO  θ PASS

Was the disaster:

θ A hurricane
θ Tornado
θ Big fire
θ Flood
θ Explosion
θ Other disaster__________

Did you:
θ Have broken bones
θ Get knocked out
θ Get badly burned
θ Get really bloody or bleed a lot
θ Stop breathing
θ Have to go to the hospital emergency room (ER)
θ Have to go in an ambulance
θ Have to have an operation in the hospital
θ Have to stay in the hospital until you were better

Did someone die?
θ Yes  θ No  θ Pass

If YES, who?
θ Mother
θ Father
θ Brother/Sister
θ Other close relative/friend
θ Someone else __________
1.4a Have there been any other times when someone close to you was so badly injured or so sick that he/she almost died or had to go to the hospital?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>PASS</th>
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</table>

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time _____ the **last** time _____ the **worst** time _____

The **worst** time this happened, did you feel really bad, upset, scared, sad, or mixed up?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>PASS</th>
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</thead>
</table>

**Was the sickness or accident:**

- Cancer
- Heart attack
- Bad accident
- Beating
- Other accident _________
- Other sickness _________

**Did this person:**

- Have broken bones
- Get knocked out
- Get badly burned
- Get really bloody or bleed a lot
- Stop breathing
- Have to go to the hospital emergency room (ER)
- Have to go in an ambulance

**Did someone die?**

- Yes  
- No  
- Pass

**If YES, who?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else _________
1.4b Has someone close to you ever died, not counting someone who was old and died naturally?

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<thead>
<tr>
<th></th>
<th>YES</th>
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<th>PASS</th>
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</table>

**IF you answered NO or PASS, go on to the next question.** If YES, how old were you:

- **the first time _____**
- **the last time _____**
- **the worst time _____**

Did you feel really bad, upset, scared, sad, or mixed up by the worst death?

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<thead>
<tr>
<th></th>
<th>YES</th>
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<th>PASS</th>
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</table>

**Did the person die because of**

- Cancer
- Heart attack
- Bad accident
- Beating
- Shooting
- Other accident _________
- Other sickness _________
- Other reason _________

**Did you see the person who died:**

- Have broken bones
- Get knocked out
- Get badly burned
- Get really bloody or bleed a lot
- Stop breathing
- Have to go to the hospital emergency room (ER)
- Have to go in an ambulance

**Did someone die?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Pass</th>
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</table>

**If YES, who?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else _________
1.5 Have you ever been so sick that you or the doctor thought you might die? Or so sick that you had to have hospital emergency medical treatment or an operation where you were put to sleep the whole time?

θ YES  θ NO  θ PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?

θ YES  θ NO  θ PASS

Was the sickness or accident:

θ Cancer
θ Heart or blood problem
θ Bad accident
θ Beating
θ Other accident__________
θ Other sickness__________

Did you:

θ Have broken bones
θ Get knocked out
θ Get badly burned
θ Get really bloody or bleed a lot
θ Stop breathing
θ Have to go to the hospital emergency room (ER)
θ Have to go in an ambulance
θ Have to have an operation in the hospital
θ Have to stay in the hospital until you were better
1.6 Have you ever been separated from someone who you depend on for love or security for more than a few days? (like going to a foster home or detention center, moving to the U.S.A. from another country, or because of being in a war or having a major illness or being in a hospital for a long time)

<table>
<thead>
<tr>
<th>YES</th>
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</table>

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____ the last time _____ the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst separation?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>PASS</th>
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</thead>
</table>

Who were you separated from:

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Someone else ______________

What happened?:

- You were very sick and had to stay in the hospital
- You were in a detention center
- You were in a foster home
- You were living with another relative
- There was a war
- Something else happened ______________
1.7 Has someone close to you ever tried to \textit{kill or hurt himself/herself} really badly on purpose (like stabbing, cutting, or burning himself/herself, or taking too many pills or drugs [an overdose])?

| θ YES | θ NO | θ PASS |

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____ the last time _____ the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?

| θ YES | θ NO | θ PASS |

Who did this?:

θ Mother  
θ Father  
θ Brother/Sister  
θ Boyfriend/Girlfriend  
θ Other close relative/friend ________________________________  
θ Someone else ____________________________________________

When this person tried to hurt or kill himself/herself, did he/she:

θ Die  
θ Get really bloody or bleed a lot  
θ Get badly burned  
θ Hang himself/herself  
θ Shoot himself/herself  
θ Stop breathing  
θ Have to go to the hospital emergency room (ER)  
θ Have to go in an ambulance  
θ Have to have an operation in the hospital  
θ Have to stay in the hospital until he/she was better
2.1 Has someone ever physically (bodily) attacked you, like hitting, pushing, choking, shaking, biting, or burning you? Or punished you so you were badly hurt or bruised? Or attacked you with a gun, knife, or other weapon?

θ YES  θ NO  θ PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?

θ YES  θ NO  θ PASS

Who tried to hurt you?:
θ Mother
θ Father
θ Brother/Sister
θ Boyfriend/Girlfriend
θ Kids your age
θ Kids older than you
θ Gang
θ Other close relative/friend______________________________
θ Teacher
θ Foster parent
θ Staff at a program
θ Other adult_________________________________________
θ Someone else_______________________________________

What happened?:
θ They tried to beat you up
θ They punished you
θ They used a weapon (gun, knife, bat, sharp or heavy object)

When this happened, did you:
θ Get really bloody or bleed a lot
θ Get badly burned
θ Stop breathing
θ Have to go to the hospital emergency room (ER)
θ Have to go in an ambulance
θ Have to have an operation in the hospital
θ Have to stay in the hospital until you were better
2.2 Has someone ever said they were going to hurt you really badly or kill you? Or acted like they were going to hurt you really badly or kill you, even if they didn’t actually do it?

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<thead>
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<th></th>
<th>θ YES</th>
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</table>

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____ the last time _____ the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?

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<th></th>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

PASS

Who threatened you?:

θ Mother
θ Father
θ Brother/Sister
θ Other close relative/friend
θ Boyfriend/Girlfriend
θ Kids your age
θ Kids older than you
θ Gang
θ Teacher
θ Foster parent
θ Staff at a program
θ Other adult ___________
θ Someone else ___________

What happened?:

θ They threatened to beat you up
θ They threatened to punish you
θ They threatened to use a weapon (gun, knife, bat, sharp or heavy object)
2.3 Has someone ever *mugged you (jumped you)*—attacked you in order to steal from you? Or have you seen a family member or someone you care about get *mugged* or *jumped*?

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<thead>
<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

IF you answered NO or PASS, go on to the next question. If YES, how old were you:

the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst mugging?

<table>
<thead>
<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

**Who was the mugger?:**

θ Kid your age
θ Kid older than you
θ Gang
θ Other adult__________
θ Someone else__________

**What happened?:**

θ You got mugged
θ You saw someone you care about get mugged
θ Mugger used a weapon (gun, knife, bat, sharp or heavy object)
2.4 Has anyone ever kidnapped you—taken you away from your home when they shouldn’t have? Or has someone close to you ever been kidnapped?

θ YES  θ NO  θ PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst kidnapping?
θ YES  θ NO  θ PASS

Who was the kidnapper?:
θ Adult in your family  
θ Kid your age  
θ Kid older than you  
θ Gang  
θ Other adult ____________________________  
θ Someone else _______________________

What happened?:
θ You got kidnapped  
θ Someone close to you got kidnapped  
θ Kidnapper used a weapon (gun, knife, bat, sharp or heavy object)

2.5 Have you ever been attacked by a dog or other animal?

θ YES  θ NO  θ PASS

IF you answered NO or PASS, go on to the next question. If YES, how old were you:
the first time _____  the last time _____  the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst dog/animal attack?
θ YES  θ NO  θ PASS

When this happened, did you:
θ Get really bloody or bleed a lot  
θ Get knocked out  
θ Stop breathing  
θ Have to go to the hospital emergency room (ER)  
θ Have to go in an ambulance  
θ Have to have an operation in the hospital  
θ Have to stay in the hospital until you got better
3.1 Have you ever seen or heard people in your family physically fighting, hitting, slapping, kicking, or throwing things at each other? What about shooting with a gun or a stabbing, or any other kind of dangerous weapon?

θ YES  θ NO  θ PASS

If you answered NO or PASS, go on to the next question. If YES, how old were you: the first time _____ the last time _____ the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst fighting?

θ YES  θ NO  θ PASS

Who started it?:

θ Mother  
θ Father  
θ Brother/Sister  
θ Other close relative/friend  
θ Someone else__________

Did you see someone:

θ Have broken bones  
θ Get knocked out  
θ Get badly burned  
θ Get really bloody or bleed a lot  
θ Stop breathing  
θ Have to go to the hospital emergency room (ER)  
θ Have to go in an ambulance

Did someone die?

If YES, who?

θ Mother  
θ Father  
θ Brother/Sister  
θ Other close relative/friend  
θ Someone else__________
### 3.2 Have there been any other times when you saw or heard people in your family act like they were going to kill or hurt each other really badly, even if they didn’t actually do it?

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<thead>
<tr>
<th></th>
<th>YES</th>
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<tbody>
<tr>
<td>IF you answered NO or PASS, go on to the next question.</td>
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</table>

If YES, how old were you:
- the first time _____
- the last time _____
- the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?
- YES
- NO
- PASS

**Who made the threats?:**
- Mother
- Father
- Brother/Sister
- Other close relative/friend ________________
- Someone else____________________________

### 3.3 Have you ever had a family member who was arrested, put in jail or prison, or taken away by the police, soldiers, or other authorities?

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<tr>
<th></th>
<th>YES</th>
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<tbody>
<tr>
<td>IF you answered NO or PASS, go on to the next question.</td>
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</table>

If YES, how old were you:
- the first time _____
- the last time _____
- the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up?
- YES
- NO
- PASS

**Who was taken away?:**
- Mother
- Father
- Brother/Sister
- Boyfriend/Girlfriend
- Other close relative/friend
- Someone else__________

**How long was it until he/she came home?**
- 1-2 days
- 1-2 weeks
- 1 month
- many months
- never came back
### 4.1 Have you ever seen or heard people outside your family fighting, hitting, beating, shooting or attacking each other in your school or neighborhood?

<table>
<thead>
<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

**IF you answered NO or PASS,** go on to the next question. **If YES,** how old were you:

- the first time _____
- the last time _____
- the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst violence you saw or heard?

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<thead>
<tr>
<th>θ YES</th>
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Were weapons used?

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<thead>
<tr>
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Did someone have to go to the hospital?

<table>
<thead>
<tr>
<th>θ YES</th>
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Was someone killed or almost killed?

<table>
<thead>
<tr>
<th>θ YES</th>
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<th>θ PASS</th>
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</table>

Was someone taken to jail or detention?

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<thead>
<tr>
<th>θ YES</th>
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### 4.2 Have you ever been in a war or a terrorist attack?

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<thead>
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<th>θ YES</th>
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<th>θ PASS</th>
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**IF you answered NO or PASS,** go on to the next question. **If YES,** how old were you:

- the first time _____
- the last time _____
- the worst time _____

Did you feel really bad, upset, scared, sad, or mixed up by the worst time this happened?

<table>
<thead>
<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

Did you see people fighting?

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<tr>
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<th>θ PASS</th>
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Did you see or hear a bomb blow up?

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<thead>
<tr>
<th>θ YES</th>
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</table>

Did you see someone killed or badly hurt?

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<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>

Did you have to fight?

<table>
<thead>
<tr>
<th>θ YES</th>
<th>θ NO</th>
<th>θ PASS</th>
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</table>
4.3 Have you ever seen *real wars or terrorist attacks* on the TV?  

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<thead>
<tr>
<th></th>
<th>θ YES</th>
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<tbody>
<tr>
<td>IF you answered NO or PASS, go on to the next question.</td>
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<tr>
<td>If YES, how old were you: the first time</td>
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<tr>
<td>last time</td>
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<tr>
<td>worst time</td>
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Did you feel really bad, upset, scared, sad, or mixed up the *worst* time this happened?  

<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>Did you see people fighting?</td>
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<tr>
<td>Did a bomb blow up or explode?</td>
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<tr>
<td>Did you see someone killed or badly hurt?</td>
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<tr>
<td>Did this happen near where you live or go to school or go for activities (like stores or parks or theaters)?</td>
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4.4 Have you ever had a time in your life when *you did not have the right care* -- like not having enough to eat or drink, being homeless, being left alone when you were too young to care for yourself, or being left with someone using drugs? Or have you ever been left in charge of your younger brothers or sisters for long periods of time, sometimes for several days?  

<table>
<thead>
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<td>If YES, how old were you: the first time</td>
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<tr>
<td>last time</td>
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</tr>
<tr>
<td>worst time</td>
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</table>

Did you feel really bad, upset, scared, sad, or mixed up the *worst* time this happened?  

<table>
<thead>
<tr>
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<th>θ PASS</th>
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</thead>
<tbody>
<tr>
<td>Did you have to look after your brothers/sisters or other young kids most of the time?</td>
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</tbody>
</table>
### 5.1 Has someone ever *made you see or do something sexual* -- like touching you in a sexual way or in your private parts, or making you see or touch their private parts, or making you watch them touch their own private parts?

<table>
<thead>
<tr>
<th>Θ YES</th>
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<th>Θ PASS</th>
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</table>

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**
- **the first** time _____
- **the last** time _____
- **the worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

**Who did this to you?**
- Θ Mother
- Θ Father
- Θ Brother/Sister
- Θ Other close relative/friend
- Θ Boyfriend/Girlfriend
- Θ Kids your age
- Θ Kids older than you
- Θ Gang
- Θ Teacher
- Θ Foster parent
- Θ Staff at a program
- Θ Other adult_____________________
- Θ Someone else__________________
- Θ A stranger

Did you have to do something sexual?  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

Did you have to watch sex acts?  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

Did someone threaten to hurt you really badly?  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

Were you physically hurt?  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

Did you try to get help by telling someone?  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

**If you told about this:**

- **Did anyone believe you?**  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

- **Did anyone help you?**  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

- **Did they make it stop?**  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

- **Did someone say you were bad?**  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>

- **Did someone punish you for telling?**  
<table>
<thead>
<tr>
<th>Θ YES</th>
<th>Θ NO</th>
<th>Θ PASS</th>
</tr>
</thead>
</table>
5.2 Have you *seen or heard someone else being forced to do sex acts*?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered NO or PASS, go on to the next question. If YES, how old were you:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the first time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the last time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the worst time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel really bad, upset, scared, sad, or mixed up the worst time this happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Who made this happen?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Boyfriend/Girlfriend
- Kid(s) your age
- Kid(s) older than you
- Gang
- Teacher
- Foster parent
- Staff at a program
- Other adult_____________________
- Someone else___________________
- A stranger

**Who was being forced to do sex acts?**

- Mother
- Father
- Brother/Sister
- Other close relative/friend
- Boyfriend/Girlfriend
- Kid(s) your age
- Kid(s) older than you
- Gang
- Teacher
- Foster parent
- Staff at a program
- Other adult_____________________
- Someone else___________________
- A stranger

Did someone use a weapon to do this? | YES | NO | PASS

Was someone hurt badly? | YES | NO | PASS
### 6.1 Have you ever been told repeatedly that you were no good, that the people you live with were going to leave or send you away because you were bad?

| θ YES | θ NO | θ PASS |

**IF you answered NO or PASS, go on to the next question. If YES, how old were you:**

the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

| θ YES | θ NO | θ PASS |

Who said this to you?

θ Mother
θ Father
θ Brother/Sister
θ Boyfriend/Girlfriend
θ Other close relative/friend
θ Someone else__________

### 6.2 Have you ever watched people using drugs, like smoking drugs or using needles?

| θ YES | θ NO | θ PASS |

**IF you answered NO or PASS, you can stop here. If YES, how old were you:**

the **first** time _____ the **last** time _____ the **worst** time _____

Did you feel really bad, upset, scared, sad, or mixed up the **worst** time this happened?

| θ YES | θ NO | θ PASS |

Who was using drugs?

θ Mother
θ Father
θ Brother/Sister
θ Boyfriend/Girlfriend
θ Other close relative/friend
θ Someone else__________

*Thank you for answering all of these questions carefully. If you have any questions or would like to talk about any of your answers, please tell the adult who collects this questionnaire from you and he/she will be glad to talk with you.*