

# Traumaexposurechecklist

**Has the following event EVER happened to you?**

- 1) Have you been in a serious accident, where you could have been badly hurt or could have been killed?
- Yes  
 No

**Has the following event EVER happened to you?**

- 2) Have you seen a serious accident, where someone could have been (or was) badly hurt or died?
- Yes  
 No

**Has the following event EVER happened to you?**

- 3) Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?
- Yes  
 No

**Has the following event EVER happened to you?**

- 4) Has anyone close to you been very sick or injured?
- Yes  
 No

**Has the following event EVER happened to you?**

- 5) Has anyone close to you died?
- Yes  
 No

**Has the following event EVER happened to you?**

- 6) Have you had a serious illness or injury, or had to be rushed to the hospital?
- Yes  
 No

**Has the following event EVER happened to you?**

7) Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?

- Yes  
 No

**Has the following event EVER happened to you?**

8) Have you been attacked by a dog or other animal?

- Yes  
 No

**Has the following event EVER happened to you?**

9) Has anyone told you they were going to hurt you?

- Yes  
 No

**Has the following event EVER happened to you?**

10) Have you seen someone else being told they were going to be hurt?

- Yes  
 No

**Has the following event EVER happened to you?**

11) Have you yourself been slapped, punched, or hit by someone?

- Yes  
 No

**Has the following event EVER happened to you?**

12) Have you seen someone else being slapped, punched, or hit by someone?

- Yes  
 No

**Has the following event EVER happened to you?**

13) Have you been beaten up?

- Yes  
 No

**Has the following event EVER happened to you?**

14) Have you seen someone else getting beaten up?

- Yes  
 No

**Has the following event EVER happened to you?**

15) Have you seen someone else being attacked or stabbed with a knife?

- Yes  
 No

**Has the following event EVER happened to you?**

16) Have you seen someone pointing a real gun at someone else?

- Yes  
 No

**Has the following event EVER happened to you?**

17) Have you seen someone else being shot at or shot with a real gun?

- Yes  
 No
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