TRAVAM HISTORY QUESTIONNAIRE

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them, will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened, and if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved, and the specific nature of the event, if appropriate.

<table>
<thead>
<tr>
<th>Crime-Related Events</th>
<th>If Yes</th>
<th># of Times</th>
<th>Approx. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?</td>
<td>No Yes</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>2. Has anyone ever attempted to rob you or actually robbed you (i.e. stolen your personal belongings)?</td>
<td>No Yes</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>3. Has anyone ever attempted to or succeeded in breaking into your home when you weren’t there?</td>
<td>No Yes</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>4. Has anyone ever tried to or succeeded in breaking into your home while you were there?</td>
<td>No Yes</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Disaster and Trauma</th>
</tr>
</thead>
</table>

5. Have you ever had a serious accident at work, in a car or somewhere else? | No Yes | _____ | _____ |

If yes, please specify

________________________________________
6. Have you ever experienced a natural disaster such as a tornado, hurricane, flood, major earthquake, etc., where you felt you or your loved ones were in danger of death or injury?
   If yes, please specify:  
<table>
<thead>
<tr>
<th>If Yes</th>
<th># of Times</th>
<th>Approx. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>___________</td>
</tr>
</tbody>
</table>

7. Have you ever experienced a "man-made" disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury?
   If yes, please specify:  
<table>
<thead>
<tr>
<th>If Yes</th>
<th># of Times</th>
<th>Approx. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>___________</td>
</tr>
</tbody>
</table>

8. Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?
   If yes, please specify:  
<table>
<thead>
<tr>
<th>If Yes</th>
<th># of Times</th>
<th>Approx. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>___________</td>
</tr>
</tbody>
</table>

9. Have you ever been in any other situation in which you were seriously injured?
   If yes, please specify:  
<table>
<thead>
<tr>
<th>If Yes</th>
<th># of Times</th>
<th>Approx. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>___________</td>
</tr>
</tbody>
</table>

10. Have you ever been in any other situation in which you feared you might be killed or seriously injured?
    If yes, please specify:  
    | If Yes | # of Times | Approx. Age |
    |--------|------------|-------------|
    | No     | Yes        | ___________ |

11. Have you ever seen someone seriously injured or killed?
    If yes, please specify who:  
    | If Yes | # of Times | Approx. Age |
    |--------|------------|-------------|
    | No     | Yes        | ___________ |
12. Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? 
   - No
   - Yes

   If yes, please specify ________________________________

13. Have you ever had a close friend or family member murdered, or killed by a drunk driver? 
   - No
   - Yes

   If yes, please specify relationship (e.g. mother, grandson, etc.) ________________________________

14. Have you ever had a spouse, romantic partner, or child die? 
   - No
   - Yes

   If yes, please specify relationship: ________________________________

15. Have you ever had a serious or life-threatening illness? 
   - No
   - Yes

   If yes, please specify: ________________________________

16. Have you ever received news of a serious injury, life-threatening illness or unexpected death of someone close to you? 
   - No
   - Yes

   If yes, please specify: ________________________________

17. Have you ever had to engage in combat while in military service in an official or unofficial war zone? 
   - No
   - Yes

   If yes, please indicate when and where: ________________________________
Physical and Sexual Experiences

18. Has anyone ever made you have intercourse, oral or anal sex against your will?  
   If yes, please indicate nature of relationship with person (e.g. stranger, friend, relative, parent, sibling)_____________________

   No Yes  _____  _____

19. Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?  
   If yes, please indicate nature of relationship with person (e.g. stranger, friend, relative, parent, sibling)

   No Yes  _____  _____

20. Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have unwanted sexual contact?  

   No Yes  _____  _____

21. Has anyone, including family members or friends, ever attacked you with a gun, knife or some other weapon?  

   No Yes  _____  _____

22. Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?  

   No Yes  _____  _____

23. Has anyone in your family ever beaten, "spanked" or pushed you hard enough to cause injury?  

   No Yes  _____  _____
24. Has anyone ever repeatedly bullied, humiliated, tried to intimidate—and/or succeeded in intimidating—you?  
   If yes, please specify:
   ______________________________________
   ______________________________________
   ______________________________________
   No  Yes  ______  ______

Other Events

25. Have you experienced any other extraordinarily stressful situation or event that is not covered above?  
   If yes, please specify:
   ______________________________________
   ______________________________________
   ______________________________________