

1 | NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## **STRESSFUL LIFE EVENTS SCREENING QUESTIONNAIRE - REVISED**

The items listed below refer to events that may have taken place at any point in your entire life, including early childhood. **If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire.** (Please print or write neatly).

**1. Have you ever had a life-threatening illness? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_ Duration of Illness \_\_\_\_\_

Describe specific illness \_\_\_\_\_

**2. Were you ever in a life-threatening accident? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

Describe accident \_\_\_\_\_

Did anyone die? \_\_\_\_\_ Who? (Relationship to you) \_\_\_\_\_

What physical injuries did you receive? \_\_\_\_\_

Were you hospitalized overnight? No \_\_\_\_\_ Yes \_\_\_\_\_

**3. Was physical force or a weapon ever used against you in a robbery or mugging?**

**No \_\_\_\_\_ Yes \_\_\_\_\_** If yes, at what age? \_\_\_\_\_ How many perpetrators? \_\_\_\_\_

Describe physical force (e.g., restrained, shoved) or weapon used against you.

\_\_\_\_\_

Did anyone die? \_\_\_\_\_ Who? \_\_\_\_\_

What injuries did you receive? \_\_\_\_\_

Was your life in danger? \_\_\_\_\_

**4. Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, how old were you? \_\_\_\_\_

How did this person die? \_\_\_\_\_

Relationship to person lost \_\_\_\_\_

In the year before this person died, how often did you see/have contact with him/her? \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Have you had a miscarriage? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

**5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever physically forced you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.-2 yrs. \_\_\_\_\_, more than 2 yrs. but less than 5 yrs. \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

Who did this? (Specify stranger, parent, etc.) \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.-2 yrs. \_\_\_\_\_, more than 2 yrs. but less than 5 yrs. \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

Who did this? (Specify sibling, date, etc.) \_\_\_\_\_

What age was this person? \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.- 2 yrs. \_\_\_\_\_, more than 2 yrs. but less than 5 yrs \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

Describe force used against you (e.g., fist, belt) \_\_\_\_\_

Were you ever injured? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Who did this? (Relationship to you) \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?**

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.- 2 yrs. \_\_\_\_\_, more

than 2 yrs. but less than 5 yrs. \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

Describe force used against you (e.g., fist, belt) \_\_\_\_\_

Were you ever injured? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Who did this? (Relationship to you) \_\_\_\_\_

If sibling, what age was he/she \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.- 2 yrs. \_\_\_\_\_, more

than 2 yrs. but less than 5 yrs. \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

Who did this? (Relationship to you) \_\_\_\_\_

If sibling, what age was he/she \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**10. Other than the experiences already covered, has anyone ever threatened you with a weapon like a knife or gun? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

If yes, how many times? 1 \_\_\_\_\_, 2-4 \_\_\_\_\_, 5-10 \_\_\_\_\_, more than 10 \_\_\_\_\_

If repeated, over what period? 6 mo. or less \_\_\_\_\_, 7 mos.- 2 yrs. \_\_\_\_\_, more

than 2 yrs. but less than 5 yrs. \_\_\_\_\_, 5 yrs. or more \_\_\_\_\_.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Describe nature of threat \_\_\_\_\_

Who did this? (Relationship to you) \_\_\_\_\_

Has anyone **else** ever done this to you? No \_\_\_\_\_ Yes \_\_\_\_\_

**11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, at what age? \_\_\_\_\_

Please describe what you witnessed \_\_\_\_\_

Was your own life in danger? \_\_\_\_\_

**12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, at what age? \_\_\_\_\_ Please describe. \_\_\_\_\_

**13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, at what age? \_\_\_\_\_ Please describe. \_\_\_\_\_

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**14. In the Line of Duty have you ever:**

**A. Been involved in a deadly force encounter? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**1. Shooting? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**2. Stabbing? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**3. Physical Use of Force? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**B. Have you witnessed:**

**1. A suicide \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**2. Death of a child \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**3. Motor Vehicle fatality (ies) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**4. Drowning \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**C. Been in a high speed chase? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**D. Experienced physical harm? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**E. Required medical care from a work relate  
Injury as a police officer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**F. Had difficulty with the media? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**G. Felt threatened outside work because of  
Work issues? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**H. Felt like your family was threatened  
Because of your work as a police officer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

**I. Have you ever felt like your job was at risk  
Or lack of support from your administration? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How many?**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**15. What are the 10 most traumatic calls you have experienced in your career? What calls continue to haunt you?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

The interviewer should determine if the respondent is reporting the same incident in multiple questions, and should record it in the most appropriate category.

### **Firefighter Questions**