**Trauma Questionnaire**

# Phoenix Therapeutic

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Phoenix ID# (Office use only) __________

Name: ________________________________________ Date: ________________________

Age: ___________ Educational level: _______________ Date of birth: ________________

Race: ___________

1 - African American
2 - Biracial
3 - Caucasian
4 - Native American
5 --Asian/Pacific Islander
6 - Spanish Origin
7 - Other
8 - Unknown

Marital Status: _______________ Living with: ______________ Work Status: _________________________

Current employment or job: _________________________________________________________________

Psychiatric diagnoses or conditions: __________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Any other current treatments (may obtain from initial evaluation or ask as needed): _________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Have you ever experienced, witnessed, or been confronted with other traumatic events? No ❒ Yes ❒

- ❒ Natural disaster (e.g., tornado, hurricane, fire, or flood)
- ❒ Serious accident or serious injury
- ❒ Combat or being in a combat zone
- ❒ Sudden life-threatening illness
- ❒ Accidental death or murder of a close friend or family member
- ❒ Suicide of a close friend or family member
- ❒ Being attacked with a gun, knife, or other weapon
- ❒ Attacked without a weapon but with the intent to kill or seriously injure
- ❒ Severely beaten (i.e., beatings that left marks or bruises), or witnessing severe physical violence
- ❒ Sexual abuse as a child or adolescent
- ❒ Physical force or the threat of physical force leading to unwanted sexual contact
- ❒ Rape or attempted rape
- ❒ Aggravated assault


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❒ Other ______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**IDENTIFICATION OF TARGET TRAUMA** (the one that will be of primary focus in treatment)

Of all these things that happened to you, which one is currently bothering you the most?

Which causes you the most distress?

____________________________________________________

Which one most often comes into your thoughts when you don't want to think about it? ___________
______________________________________________________________________________

Which one upsets you the most? _____________________________________________________
______________________________________________________________________________

Which one is the worst? ___________________________________________________________

In which event were you most afraid?" ______________________________________________

Specify target trauma: ____________________________________________________________

Do you remember what you were thinking and feeling at the time?

No ❒ Yes ❒

When it was happening, did you think you would be killed or seriously hurt?

No ❒ Yes ❒

During the identified trauma, did you feel;

| | | |
|---|---|---|
| Helpless? | No ❒ | Yes ❒ |
| Horrified? | No ❒ | Yes ❒ |
| Terrified? | No ❒ | Yes ❒ |

If there was an assailant or perpetrator(s), who was it/who were they? ________________

| | |
|---|---|
| 1 - Stranger | 9 - Boyfriend/girlfriend |
| 2 - Acquaintance | 10 - Husband/wife/partner |
| 3 - Enemy | 11 - Organization |
| 4 - Terrorist | 12 - Authority figure (specify) ______________________ |
| 5 - Friend | 13 - Relative |
| 6 - Parent | 14 - Neighbor |
| 7 - Sibling | 15 - Other ____________________________________ |
| 8 - Clergy member | 16- Unknown ___________________________________ |

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**Trauma Questionnaire**

Where did the trauma occur? ______

| 1 - Own residence | 6 - School | 11 - Car, bus, train, plane |
|---|---|---|
| 2 - Assailant's residence | 7 - Institution | 12 - Workplace |
| 3 - Friend/relative's residence | 8 - Battlefield | 13 - Other (describe)__________ |
| 4 - Park, street, alley | 9 - Public place | ____________________________ |
| 5 - Parking lot/garage | 10 - Abandoned property | ____________________________ |

What, if any, physical injuries did you have?

Have these injuries continued to cause or to be a problem for you? No ❒ Yes ❒

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Were you given medical attention?

No ❒ Yes ❒

Was it helpful?

No ❒ Yes ❒

Are you still under medical care for these in-juries or problems?

No ❒ Yes ❒

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Has any criminal or legal action resulted from this trauma?

No ❒ Yes ❒

What is the status of that now? (*If appropriate*)

How is that affecting you?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

*The following are questions about who, if anyone, you blame for the occurrence of this trauma. There are no right or wrong answers to these questions, and it is not necessary that you place blame. However, it is*

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*often helpful to me in our work together to understand how YOU view this event and how you have responded to it.*

Who, if anyone, do you blame for the occurrence of the trauma? _______

| | |
|---|---|
| 1 - Myself | 5 - Friend or acquaintance |
| 2 - Assailant(s) or perpetrators | 6 - The environment |
| 3 - An organization | 7 - Chance |
| 4 - The government | 8 - Other (describe) _________________________ |

How so? (i.e., how is the person or organization responsible?)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you been feeling guilty about the trauma or your response to it?

No ❒ Yes ❒

Shamed?

No ❒ Yes ❒

Angry?

No ❒ Yes ❒

How much have these feelings been present for you?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

## Physical and Mental Health Since Trauma

How has your physical health been since the trauma? (Or, if trauma was long ago: how has your health been lately?)

Good ❒ Fair ❒ Poor ❒

What health problems, if any, are you having? Are these related to the trauma?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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**Trauma Questionnaire**

How is your support system? Who do you like to spend time with or talk to? Have you been connecting with your friends and family lately?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How has your mood been since the trauma? (Or, if trauma was long ago: how has your mood been lately?) Have you been feeling down or depressed? Are you as interested in things as you usually are?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Note: Even if client does not endorse depressed mood, ask the following questions about suicidal ideation and behavior:

Since the trauma, have you ever thought that life is not worth living, or thought about suicide? *If yes, how often?*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you gone so far as to make a careful plan as to how you would kill yourself? Have you taken any action on this (e.g., selected a location or date, bought a gun, obtained pills)?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you intend to act on this plan or intend to hurt yourself?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you made a suicide attempt since the trauma or at any time?

No ❒ Yes ❒

When? _______________________________________________________________________

Have you ever deliberately hurt yourself in any way? (*For example, people some-times scratch or cut or burn themselves on purpose, or otherwise act in potentially self-harming ways.*)

***If yes, describe:***


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**Trauma Questionnaire**

What do you do to harm yourself? ________________________________________________________
______________________________________________________________________________________

When did you last hurt yourself? _________________________________________________________
______________________________________________________________________________________

How do you manage the urges now if you don't act on them? ___________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Have you sought psychiatric or psychological help as a result of the trauma?

No ❐ Yes ❐

Have you sought crisis intervention (*not including this treatment*)?

No ❐ Yes ❐

***If yes, describe:***

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Have you been to the hospital since the trauma for an emotional or nervous condition?

No ❐ Yes ❐

Suicide attempt?

No ❐ Yes ❐

Alcohol or drug treatment?

No ❐ Yes ❐

Tell me why you were hospitalized:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Summarize current risk assessment and plan if indicated:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**Alcohol and Drug Use**


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**Trauma Questionnaire**

I'd like to ask you about your use of drugs or medications. Since the trauma, have you used: (Go through each of the categories below)

Prescription medications (Note specific meds and frequency of use) ______________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Street drugs (Note types and frequency of use) ________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Over-the-counter medications (Note type and frequency of use) ___________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

On average, about how many drinks containing alcohol do you have per day? (*Consider one drink to be a 12-ounce can of beer, one cocktail, or a 4-ounce glass of wine.*) __________________________________

Has your pattern of use changed since the trauma?

No ❒ Yes ❒

If yes, how so? __________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Have you ever had legal, social, or employment problems because of your alcohol or drug use?

No ❒ Yes ❒

Do you consider yourself to have a drinking or a drug problem?

No ❒ Yes ❒

Is there anything else about your life now or about how the PTSD is affecting you that you think I should know now? ____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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