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 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.

**Crime-Related Events**

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? \_0. No \_1. Yes

If you answered yes:

1a. Number of times:

1b. Approximate age(s):

2. Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?

\_0. No \_1. Yes

If you answered yes:

2a. Number of times:

2b. Approximate age(s):

3. Has anyone ever attempted to or succeeded in breaking into your home when you were not there?

\_0. No \_1. Yes

If you answered yes:

3a. Number of times:

3b. Approximate age(s):

4. Has anyone ever attempted to or succeed in breaking into your home while you were there?

\_0. No \_1. Yes

If you answered yes:

4a. Number of times:

4b. Approximate age(s):

**General Disaster and Trauma**

5. Have you ever had a serious accident at work, in a car, or somewhere else? \_0. No \_1. Yes

If you answered yes

5a. Please specify what sort of accident:

5b. Number of times:

5c. Approximate age(s):

6. Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? \_0. No \_1. Yes

If you answered yes

6a. Please specify what sort of natural disaster:

6b. Number of times:

6c. Approximate age(s):

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?

\_0. No \_1. Yes

If you answered yes

7a. Please specify type of man-made disaster:

7b. Number of times:

7c. Approximate age(s):

8. Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?

\_0. No \_1. Yes

If you answered yes:

8a. Number of times:

8b. Approximate age(s):

9. Have you ever been in any other situation in which you were seriously injured? \_0. No \_1. Yes

If you answered yes

9a. Please specify the situation:

9b. Number of times:

9c. Approximate age(s):

10. Have you ever been in any other situation in which you feared you might be killed or seriously injured? \_0. No \_1. Yes

If you answered yes

10a. Please specify the situation:

10b. Number of times:

10c. Approximate age(s):

11. Have you ever seen someone seriously injured or killed? \_0. No \_1. Yes

If you answered yes

11a. Please specify who:

11b. Number of times:

11c. Approximate age(s):

12. Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? \_0. No \_1. Yes

If you answered yes

12a. Please specify:

12b. Number of times:

12c. Approximate age(s):

13. Have you ever had a close friend or family member murdered, or killed by a drunk driver?

\_0. No \_1. Yes

If you answered yes

13a. Please specify relationship [e.g., mother, grandson, etc.]:

13b. Number of times:

13c. Approximate age(s):

14. Have you ever had a spouse, romantic partner, or child die? \_0. No \_1. Yes

If you answered yes

14a. Please specify relationship:

14b. Number of times:

14c. Approximate age(s):

15. Have you ever had a serious or life-threatening illness? \_0. No \_1. Yes

If you answered yes

15a. Please specify:

15b. Number of times:

15c. Approximate age(s):

16. Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? \_0. No \_1. Yes

If you answered yes

16a. Please specify:

16b. Number of times:

16c. Approximate age(s):

17. Have you ever had to engage in combat while in military service in an official or unofficial war zone?

\_0. No \_1. Yes

If you answered yes

17a. Please specify where:

17b. Number of times:

17c. Approximate age(s):

**Section 3 - Physical and Sexual Experiences**

18. Has anyone ever made you have intercourse or oral or anal sex against your will? \_0. No \_1. Yes

If you answered yes

18a. Please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling]:

18b. Number of times:

18c. Approximate age(s):

19. Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? \_0. No \_1. Yes

If you answered yes

19a. Please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling]:

19b. Number of times:

19c. Approximate age(s):

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 an unwanted sexual contact? \_0. No \_1. Yes

If you answered yes

20a. Number of times:

20b. Approximate age(s):

21. Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon? \_0. No \_1. Yes

If you answered yes

21a. Number of times:

21b. Approximate age(s):

22. Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you? \_0. No \_1. Yes

If you answered yes

22a. Number of times:

22b. Approximate age(s):

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

\_0. No \_1. Yes

If you answered yes

23a. Number of times:

23b. Approximate age(s):

24. Have you experienced any other extraordinarily stressful situation or event that is not covered above? \_0. No \_1. Yes

If you answered yes

24a. Please specify:

24b. Number of times:

24c. Approximate age(s):

Notes:

The THQ is a trauma history data collection instrument, there is no standard scoring method. However a common scoring convention is to count the number of event types endorsed, or to count yes responses by event type.

Reference:

Lisa M. Hooper, Patricia Stockton, Janice L. Krupnick & Bonnie L. Green (2011) Development, Use, and Psychometric Properties of the Trauma History Questionnaire. *Journal of Loss and Trauma*, 16:3, 258-283, DOI: 10.1080/15325024.2011.572035