

ID _____

Date _____

DOB/age _____

The Childhood Trust Events Survey Children and Adolescents

Long Version 1.0; 12/9/2009

It is important for us to understand what may have happened to you. The questions below describe some kinds of upsetting experiences. Since we give these questions to everyone, we list a lot of possible events that may have happened at any time in your life. If one or more of these experiences has happened at some time in your life, please circle **Y** for **Yes**. If not, circle **N** for **No**. Thank you for completing this survey.

1. Were you ever in a really bad accident, such as a serious car accident? Y N

If Y, at what age(s)? Circle all that apply

< 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

2. Were you ever in a disaster such as a tornado, hurricane, fire, earthquake, or flood? Y N

If Y, at what age(s)? Circle all that apply

< 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

3. Were you ever so badly hurt or sick that you had to have painful or scary medical treatment? Y N

If Y, at what age(s)? Circle all that apply

< 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

4. Have you ever been threatened or really picked on by a bully (someone outside of your family)? Y N

If Y, at what age(s)? Circle all that apply

< 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

5. Have you ever had a parent swear at you, insult you, put you down, or say hurtful things such as "You are no good," "You will be sent away because you are bad," or "I wish you were never born"? Y N

If Y, at what age(s)? Circle all that apply

< 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

6. Were you ever completely separated from your parent(s) for a long time, such as going to a foster home, your parent living far apart from you, or never seeing your parent again? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

7. Have you ever had a family member who was put in jail or prison or taken away by the police? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

8. Have you ever had a time in your life when you did not have the care you needed, such as not having enough to eat, being left in charge of your younger brothers or sisters for long periods of time, or being left with a grownup who used drugs? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

9. Have you ever had a time in your life when you were living in a car, living in a homeless shelter, living in a battered women's shelter, or living on the street? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

10. Have you ever had someone living in your home who abused alcohol or used street drugs? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

11. Have you ever had someone in your home try to hurt or kill himself/herself, such as cutting himself/herself or taking too many pills or drugs? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

12. Have you ever had a family member who was depressed or mentally ill for a long time? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

13. Have you ever had a family member or someone else very close to you die unexpectedly? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

14. Has someone in your home ever been physically violent toward you, such as whipping, kicking, or hitting hard enough to leave marks? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

15. Has an adult ever said they were going to hurt you really badly or kill you, or acted like they were going to hurt you very badly or kill you, even if they didn't actually do it? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

16. Have you ever seen or heard family members act like they were going to kill or hurt each other badly, even if they didn't actually do it? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

17. Have you ever seen or heard a family member being hit, punched, kicked very hard, or killed? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

18. Have you ever seen someone in your neighborhood be beaten up, shot or killed? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

19. Has someone ever robbed or tried to rob (jump) you or your family with a weapon? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

20. Has someone ever kidnapped you (taken you away from your home when they shouldn't have) or has someone close to you ever been kidnapped? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

21. Have you ever been badly hurt by an animal, such as attacked by a dog? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

22. Have you ever had a pet or animal that was hurt or killed on purpose by someone you knew? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

23. Have you ever seen a friend killed? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

24. Has someone ever touched your private sexual body parts when you did not want them to? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

Page 4 subtotals ___ ___

25. Has someone ever made you touch his or her private sexual body parts? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

26. Has an adult ever tied you up, gagged you, blindfolded you, or locked you in a closet or a dark scary place? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

27. Have you ever been shot or stabbed? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

28. Have you ever been coerced or forced into having sex with another child or adolescent? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

29. Have you ever seen someone being sexually assaulted or raped? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

30. Have you ever been very worried because someone close to you is very sick and might die? Y N

If Y, at what age(s)? Circle all that apply

< 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Briefly describe: _____

Page 5 subtotals ___ ___

Page 1 subtotals ___ ___

Page 2 subtotals ___ ___

Page 3 subtotals ___ ___

Page 4 subtotals ___ ___

Page 5 subtotals ___ ___

TOTAL ___ ___

Trauma Treatment Training Center
The Childhood Trust & The Mayerson Center for Safe and Healthy Children
Cincinnati Children's Hospital Medical Center
3333 Burnet Ave, MLC 3008 Cincinnati, Ohio 45229-3039

This survey is a public domain document and may be freely reproduced and distributed without copyright restrictions. Please do not alter the item wording or content or the response format and then distribute the modified version under the original name. If you feel you must make any modifications of this survey, please rename it so that others will not be confused. For more information about this scale, please contact Erica Pearl, Psy.D. Email: erica.pearl@cchmc.org or Erna Olafson, Ph.D., Psy.D. Email: erna.olafson@uc.edu