

Trauma Test

Instructions: This test provides an initial assessment of potential trauma experiences. Please answer each question honestly and to the best of your ability. There are no right or wrong answers.

Part 1: Potentially Traumatic Events

Please indicate whether you have experienced any of the following events (directly or indirectly):

1. Physical abuse: Being physically harmed by another person, including hitting, kicking, or being forced into unwanted physical contact.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

2. Sexual abuse: Being forced or manipulated into any form of sexual activity against your will.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

3. Emotional abuse: Being subjected to repeated verbal attacks, threats, intimidation, or humiliation.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

4. Neglect: Being deprived of basic needs such as food, shelter, emotional support, or medical care.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

5. Loss or separation: Experiencing the death of a loved one, separation from family or friends due to war, natural disasters, or other traumatic events.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

6. Witnessing violence: Observing violence or witnessing violent acts, such as war, assault, or accidents.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

7. Medical trauma: Having a serious or life-threatening illness or medical procedure.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

8. Other: If you have experienced other potentially traumatic events not listed above, please specify:

Part 2: Symptoms of Trauma

Please indicate how often you experience the following symptoms:

1. Intrusive thoughts or flashbacks: Vivid memories or nightmares of the traumatic event.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

2. Avoidance: Actively avoiding people, places, or things that remind you of the trauma.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

3. Negative alterations in mood and cognitions: Feeling hopeless, angry, guilty, or ashamed; difficulty concentrating or remembering things.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

4. Hypervigilance: Constantly being on guard and feeling unsafe.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

5. Changes in sleep or appetite: Sleeping too much or too little, changes in eating habits.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

6. Emotional outbursts: Easily startled, irritable, or prone to sudden anger or sadness.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

7. Loss of interest in activities: No longer enjoying activities you used to find pleasurable.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

8. Dissociation: Feeling detached from yourself or your surroundings.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always

9. Physical symptoms: Headaches, stomachaches, body aches, fatigue.

0.
Never

1.
Rarely

2.
Sometimes

3.
Often

4.
Always