

The Holmes-Rahe Life Stress Inventory

The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

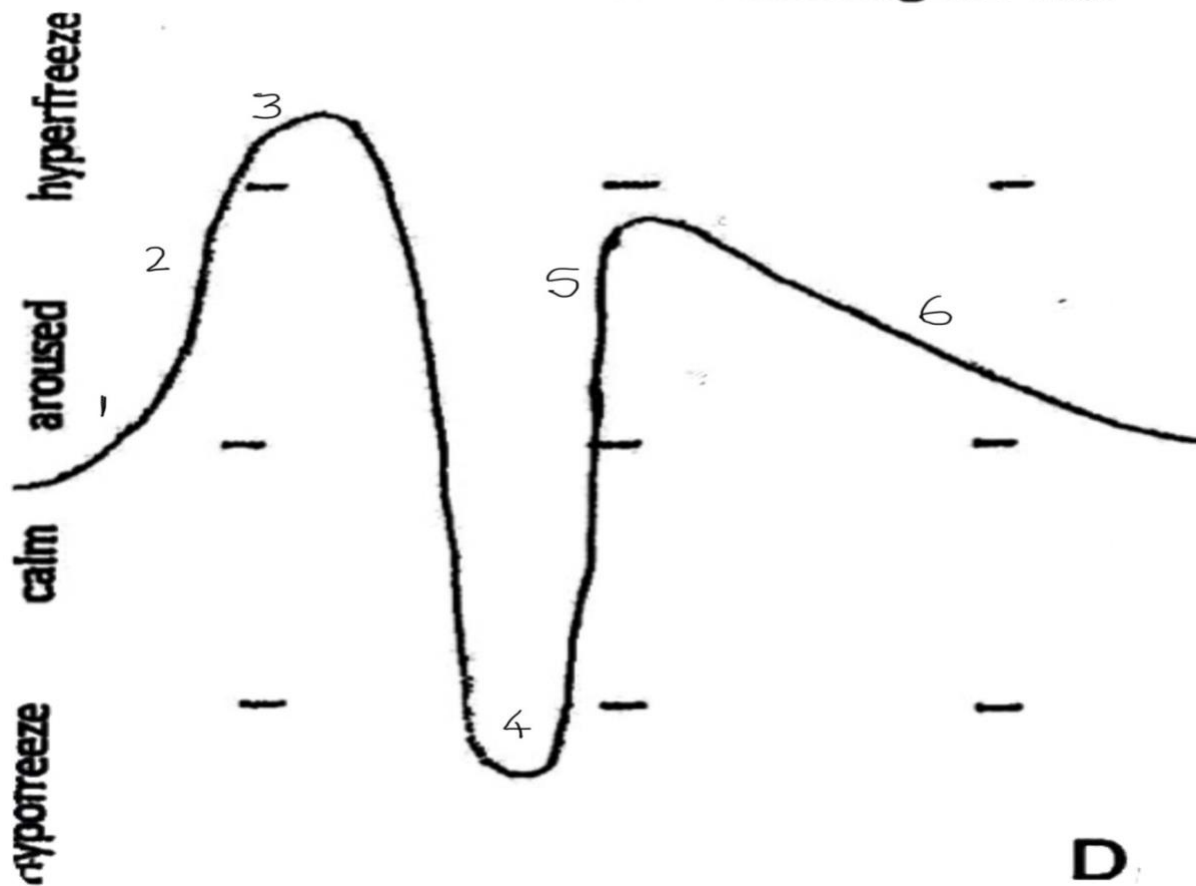
LIFE EVENT	MEAN VALUE
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e. ... birth, adoption, older adult moving in, etc.)	39
15. Major business readjustment	39
16. Major change in financial state (i.e. ... a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e. ... either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc. ...)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e. ... a lot more or less than usual)	19
36. Major change in social activities (clubs, movies, visiting, etc.)	18
37. Taking on a loan (car, tv, freezer, etc.)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc.)	11

Now, add up all the points you have to find your score

TOTAL

150pts or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.
150 to 300 pts implies about a 50% chance of a major health breakdown in the next 2 years.
300pts or more raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.

traumatic stress not resulting in PTSD



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Trauma Checklist Adult

NAME _____ AGE _____ SEX _____ DATE _____

Below is a list of traumatic events or situations. Please mark YES if you have experienced or witnessed the following events or mark NO if you have not had that experience.

- 1.Serious accident, fire or explosion Yes No
- 2.Natural disaster (tornado, flood, hurricane, major earthquake) Yes No
- 3.Non-sexual assault by someone you know (physically attacked/injured) Yes No
- 4.Non-sexual assault by a stranger Yes No
- 5.Sexual assault by a family member or someone you know Yes No
- 6.Sexual assault by a stranger Yes No
- 7.Military combat or a war zone Yes No
- 8.Sexual contact before you were age 18 with someone who was 5 or more years older than you Yes No
- 9.Imprisonment Yes No
- 10.Torture Yes No
- 11.Life-threatening illness Yes No
- 12.Other traumatic event Yes No
- 13.If "other traumatic event" is checked YES above; please write what the event was _____
14. Of the question to which you answered YES, which was the worst
(Please list the question #) _____
15. Which of the above incidences is the reason for which you are currently seeking treatment?
(Please list the question #) _____

Please check YES or NO regarding the event listed in question 15.

- Were you physically injured? Yes No
- Was someone else physically injured? Yes No
- Did you think your life was in danger? Yes No
- Did you think someone else's life was in danger? Yes No
- Did you feel helpless? Yes No
- Did you feel terrified? Yes No

Trauma Checklist Adult

TRAUMA CHECKLIST ADULT

Below is a list of problems that people sometimes have after experiencing a traumatic event. Please rate on a scale from 0-3 how much or how often these following things have occurred to you:

- 0** Not at all
1 Once per week or less/ a little bit/ one in a while
2 2 to 4 times per week/ somewhat/ half the time
3 3 5 or more times per week/ very much/ almost always

- __1. Having upsetting thought or images about the traumatic event that come into your head when you did not want them to
- __2. Having bad dreams or nightmares about the traumatic event
- __3. Reliving the traumatic event (acting as if it were happening again)
- __4. Feeling emotionally upset when you are reminded of the traumatic event
- __5. Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate)
- __6. Trying not to think or talk about the traumatic event
- __7. Trying to avoid activities or people that remind you of the traumatic event
- __8. Not being able to remember an important part of the traumatic event
- __9. Having much less interest or participating much less often in important activities
- __10. Feeling distant or cut off from the people around you
- __11. Feeling emotionally numb (unable to cry or have loving feelings)
- __12. Feeling as if your future hopes or plans will not come true
- __13. Having trouble falling or staying asleep
- __14. Feeling irritable or having fits or anger
- __15. Having trouble concentrating
- __16. Being overly alert
- __17. Being jumpy or easily startled

Please mark YES or NO if the problems above interfered with the following:

- | | | | |
|---------------------------|--|------------------------------|--|
| 1. Work | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Family relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Household duties | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Sex life | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Friendships | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. General life satisfaction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Fun/leisure activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Overall functioning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Schoolwork | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Trauma Checklist Adult

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____

4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____

5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____

7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____

10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score