Trauma History Inventory

Trauma Event	Age(s)	Intensity	Effect at the time	Residual Effect	Intensity		Further
		(1-10)			(0-10)	resolved	Action?

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Trauma Event	Age(s)	Intensity (1-10)	Effect at the time	Residual Effect	Intensity	%	Further
					Now (0-10)	resolved	Action?
1. hand burned on stove	2	8	Unknown, unremembered	Left handed, hand scarred, difficulty knowing left from right	0	100	no
2. Lost in woods	6	7	Fear, afraid I would never be found	None that I know of	0	100	no
3. Had to read a paper in front of the class and I was so nervous, I started crying. The whole class laughed	11	10	Embarrassed, ashamed, felt overwhelmed, wanted to crawl in a hole and never come out	Still very nervous in any public speaking situation, even just giving a report at work	7	40	yes
4. Parents divorced after altercation in which my father attacked my mother in a drunken rage	12	10	Fear, sadness, anger, blaming myself, shame at school	Alienation from father, Easily triggered in relationships	5	60	yes
5. Flipped car on I-81, totaled car, in hospital for a week recovering from a concussion	16	7	Surreal peace, almost numb to whole experience then fearful of my injuries Fear, thought I would die	Easily confused when stressed, occasional migraines	1	85	no
6. Get robbed in New York	22	8	Shock, surprise, disappointment	Some hyper-vigilance when in city walking on the streets	3	75	yes
7. Sexual harassment by boss	25	7	Surprise, nervousness at work	Weariness around certain people who seem overly friendly	3	70	yes
8. Got fired on my job having been falsely accused of forging a signature which I did not do	28	9	Anger, resentment, great sense of injustice	Very on guard around others especially at work-some paranoia	8	25	yes
9. Daughter sexually molested by neighbor baby sitter	32	10	Rage, Anger, confusion, shame, remorse	Overprotective, lingering hatred	5	50	yes
10. Best friend died in fire	32	9	Overwhelmed, questioning whether I could have helped	I miss him and occasionally cry	3	75	maybe
11. Diagnosed with cancer	35	10	Shocked, overwhelmed, scared,	In recovery, worried about recurrence	7	20	yes

Trauma History Inventory

Instructions for Trauma History Inventory

The purpose of doing a Trauma History Inventory is like any inventory—to see what is there and/or what is missing. It is a strategic way to conceptualize your past and the difficult issues you have experienced growing up and as an adult. The goal is to target those issues which still impact you emotionally, mentally, and spiritually and to determine the direction of therapy by helping you decide which issues you want to pursue and in what order.

- 1. Beginning with your earliest memory, write down traumas you have had as a child or adult. As much as possible write them down chronologically. There may be situations where the trauma occurred repeatedly, so just put the age range or the most significant episode that you remember. Traumas may include major events such as crimes against you, accidents including auto, natural disasters, serious injuries or illnesses, tragic events related to someone close to you, sexual abuse, physical abuse, verbal abuse, divorces, or loss of loved ones, relationships, or pets. There may be some other not so obvious traumas such as embarrassment in class by a teacher, being bullied, overly criticized, object of prejudice, fired from a job, legal problems, bankruptcy, frequent moves, or anything that was upsetting that stuck with for a while and may still bother you.
- 2. Write down the age or ages to the best of your ability and then rank the severity of the trauma at the time on a scale of 0 to 10 with 10 being the highest rate of disturbance at the time. It is possible that at the time of the event you did not realize the significance of it, so it would not necessarily be a high score.
- 3. Write down the immediate impact on you emotionally, mentally, and physically to the best of your memory.
- 4. Now write down the effect it still has on you today. The effect may not be an everyday occurrence, but rather comes out in times of stress or when triggered by a similar event. Include any way that it impairs your current ability to function. Rate the intensity 0-10 at its worse and 0 no longer affects you to the best of your knowledge.
- 5. Next rate the percentage of resolution you feel you have achieved with 100%, the event no longer has any effect on you or 0, I have never dealt with it at all.
- 6. Finally, indicate if you would like to work on this in therapy. It is your judgment whether you want to work on an issue or not and in what order you are willing to take them on.