

Initial Trauma Review

Adolescent version, 2nd edition (ITR-A-II)

Client name: _____

Clinician name: _____

Question	Yes	No
<p>1. [Childhood physical abuse] "Has a parent or another adult who was in charge of you ever hurt or punish you in a way that left a bruise, cut, scratches, or made you bleed?"</p> <p style="margin-left: 20px;">If yes: "How old were you the first time?" First age _____</p> <p style="margin-left: 20px;">"How old were you the last time?" Last age _____</p> <p style="margin-left: 20px;">"When this happened, did you ever feel very afraid, horrified, or helpless?" <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">"Did you ever think you might be injured or killed?" <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. [Sexual abuse] "Has anyone who was <u>5 or more years older</u> than you ever do something sexual with you or to you?"</p> <p style="margin-left: 20px;">If yes: "How old were you the first time?" First age _____</p> <p style="margin-left: 20px;">"How old were you the last time?" Last age _____</p> <p style="margin-left: 20px;">"When this happened, did you ever feel very afraid, horrified, or helpless?" <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">"Did you ever think you might be injured or killed?" <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. [Psychological abuse] "Has a parent, or another adult who was in charge of you, said really mean things to you, put you down, or make you feel ashamed of yourself or humiliated?"</p> <p style="margin-left: 20px;">If yes: "How often has this happened in the last year?"</p> <p style="margin-left: 40px;"><input type="checkbox"/> Almost every day <input type="checkbox"/> Almost every week <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month</p> <p style="margin-left: 20px;">"How old were you when it was the worst?" Worst age _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. [Neglect] "Has a parent, or another adult who was in charge of you, not taken care of you when they should have, not paid attention to you for long periods of time, neglected you, or acted like they didn't care about you?"</p> <p style="margin-left: 20px;">If yes: "How often has this happened in the last year?"</p> <p style="margin-left: 40px;"><input type="checkbox"/> Almost every day <input type="checkbox"/> Almost every week <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month</p> <p style="margin-left: 20px;">"How old were you when it was the worst?" Worst age _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. [Peer sexual assault] "Has anyone who was <u>less than 5 years older</u> than you ever do something sexual to you that you didn't want or that happened when you couldn't defend yourself (for example when you were intoxicated or asleep)?"</p> <p style="margin-left: 20px;">If yes: "How old were you the first time?" First age _____</p> <p style="margin-left: 20px;">"How old were you the last time?" Last age _____</p> <p style="margin-left: 20px;">"When this happened, did you ever feel very afraid, horrified, or helpless?" <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">"Did you ever think you might be injured or killed?" <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. [Disaster] "Have you ever involved in a serious fire, earthquake, flood, or other disaster?"</p> <p style="margin-left: 20px;">If yes: "How old were you the first time?" First age _____</p> <p style="margin-left: 20px;">"How old were you the last time?" Last age _____</p> <p style="margin-left: 20px;">"When this happened, did you ever feel very afraid, horrified, or helpless?" <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">"Did you ever think you might be injured or killed?" <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>

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Question	Yes	No
7. [Motor vehicle accident] "Have you ever been involved in a serious automobile accident?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>
8. [Partner abuse] "Have you ever been slapped, hit, or beaten, or hurt in some other way by someone you were dating or who you were in a sexual or romantic relationship with?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>
9. [Non-intimate peer assault] "Have you ever been physically attacked, assaulted, stabbed, or shot at by someone who wasn't a parent, date, or sexual partner?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>
10. [Torture—if the adolescent is an immigrant from another country] "In the country where you used to live, were you ever tortured by the government or by people against the government?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>
11. [Police trauma] "In this country, have you ever been hit, beaten, assaulted, or shot by the police or other law enforcement officials?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>
12. [Witnessing trauma] "Have you ever seen someone else get killed, badly hurt, or sexually assaulted?"	<input type="checkbox"/>	<input type="checkbox"/>
If yes: "How old were you the first time?"		
First age _____		
"How old were you the last time?"		
Last age _____		
"When this happened, did you ever feel very afraid, horrified, or helpless?"	<input type="checkbox"/>	<input type="checkbox"/>
"Did you ever think you might be injured or killed?"	<input type="checkbox"/>	<input type="checkbox"/>