	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

**Childhood & Recent Traumatic Events Scale**

**Childhood Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that you may have experienced **prior to the age of 17.**

1. Prior to the age of 17, did you experience a death of a very close friend or family member? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how old were you? \_\_\_\_\_

b. If yes, how traumatic was this?

(using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

- c. If yes, how much did you confide in others about this traumatic experience at the time?  
(1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)? <sub>1</sub> Yes <sub>0</sub> No


a. If yes, how old were you? \_\_\_\_\_

b. If yes, how traumatic was this? (where 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

- c. If yes, how much did you confide in others? (7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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**Childhood & Recent Traumatic Events Scale**

**Childhood Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how old were you? \_\_\_\_\_

b. If yes, how traumatic was this? (7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

c. If yes, how much did you confide in others? (7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted other than sexual)? <sub>1</sub> Yes <sub>0</sub> No


a. If yes, how old were you? \_\_\_\_\_

b. If yes, how traumatic was this? (7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

c. If yes, how much did you confide in others? (7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

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**Childhood & Recent Traumatic Events Scale**

**Childhood Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

5. Prior to the age of 17, were you extremely ill or injured? <sub>1</sub> Yes  
<sub>0</sub> No

a. If yes, how old were you? \_\_\_\_\_

b. If yes, how traumatic was this? (7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

c. If yes, how much did you confide in others? (7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly? <sub>1</sub> Yes  
<sub>0</sub> No

a. If yes, how old were you? \_\_\_\_\_


b. If yes, what was the event? \_\_\_\_\_

c. If yes, how traumatic was this? (7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

d. If yes, how much did you confide in others? (7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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**Childhood & Recent Traumatic Events Scale**

**Recent Traumatic Events Scale**

Participant completes **Recent Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

For the following questions, again answer each item that is relevant and again be as honest as you can.  
Each question refers to any event that you may have experienced **within the last 3 years**.

7. Within the last 3 years, did you experience a death of a very close friend or family member? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

b. If yes, how much did you confide in others about the experience at the time?  
(1 = not at all, 7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	


8. Within the last 3 years, was there a major upheaval between you and your spouse (such as divorce, separation)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

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**Childhood & Recent Traumatic Events Scale**

**Recent Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

9. Within the last 3 years, did you have a traumatic sexual experience (raped, molested, etc.)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	


10. Within the last 3 years, were you the victim of violence (other than sexual)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

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**Childhood & Recent Traumatic Events Scale**

**Recent Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

11. Within the last 3 years, were you extremely ill or injured? <sub>1</sub> Yes  
<sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7


12. Within the last 3 years, has there been a major change in the kind of work you do (e.g., a new job, promotion, demotion, lateral transfer)? <sub>1</sub> Yes  
<sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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**Childhood & Recent Traumatic Events Scale**

**Recent Traumatic Events Scale**

Participant completes **Childhood Traumatic Events Scale** below via online survey  
at **Baseline Week 4** contact.

13. Within the last 3 years, did you experience any other major upheaval that you think may have shaped your life or personality significantly? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, what was the event? \_\_\_\_\_

b. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic				Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7		

c. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all							A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	