



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ___/___/_____

Visit #: _____

Childhood Traumatic Events Scale

Participant completes at the Baseline 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? ₁ Yes ₀ 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

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

1

2

3

4

5

6

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2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)? ₁ Yes ₀ 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

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

1

2

3

4

5

6

7



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Childhood Traumatic Events Scale

Participant completes at the Baseline contact.

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)? ₁ Yes ₀ 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

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

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)? ₁ Yes ₀ 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

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

1

2

3

4

5

6

7



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Childhood Traumatic Events Scale

Participant completes at the Baseline contact.

5. Prior to the age of 17, were you extremely ill or injured? ₁ Yes
₀ 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"/>
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? ₁ Yes
₀ 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"/>	<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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Clinical Center _____

CRF Date: ____/____/____

Visit #: _____

Recent Traumatic Events Scale

Participant completes at the Baseline 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? ₁ Yes ₀ 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 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"/>
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)? ₁ Yes ₀ 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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Recent Traumatic Events Scale

Participant completes at the Baseline contact.

9. Within the last 3 years, did you have a traumatic sexual experience (raped, molested, etc.)? ₁ Yes ₀ 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

10. Within the last 3 years, were you the victim of violence (other than sexual)? ₁ Yes ₀ 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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Recent Traumatic Events Scale

Participant completes at the Baseline contact.

11. Within the last 3 years, were you extremely ill or injured? ₁ Yes
₀ 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)? ₁ Yes
₀ 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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Recent Traumatic Events Scale

Participant completes at the Baseline 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? ₁ Yes ₀ 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

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

1

2

3

4

5

6

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