

# Adverse Life Experiences

The following section contains questions of a sensitive nature to help us understand how some distressing experiences may have affected you. **As feminist practitioners, we acknowledge that many adverse life experiences are a result of systems of oppression and discrimination.** Some folks might experience these as difficult or distressing to answer. Please pace yourself, be gentle, and tend to your needs as you fill this out. You also have the option to skip this section and talk about it with your therapist in person.

## Instructions

Please **X** the box if you have experienced any of the following in adulthood and/or childhood.

	Adult	Child		Adult	Child
Crime victim	<input type="checkbox"/>	<input type="checkbox"/>	Natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	Parent illness	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to large-scale conflict <i>(e.g. military, political and social unrest)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
Financial challenges	<input type="checkbox"/>	<input type="checkbox"/>	Physical assault	<input type="checkbox"/>	<input type="checkbox"/>
Harassment / discrimination	<input type="checkbox"/>	<input type="checkbox"/>	Police violence or harassment	<input type="checkbox"/>	<input type="checkbox"/>
Houselessness	<input type="checkbox"/>	<input type="checkbox"/>	Separation from caregiver <i>(e.g. foster care, removal from home, loss)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Identity-based violence	<input type="checkbox"/>	<input type="checkbox"/>	Serious accident <i>(car, plane, bike, fall down stairs)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration / citizenship challenges	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner abuse <i>(e.g. emotional, mental physical, sexual, financial)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
Isolation <i>(e.g. financial, physical, or social)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual coercion	<input type="checkbox"/>	<input type="checkbox"/>
Jail / Incarceration	<input type="checkbox"/>	<input type="checkbox"/>	Torture	<input type="checkbox"/>	<input type="checkbox"/>
Life-threatening illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	Violence in the home	<input type="checkbox"/>	<input type="checkbox"/>
Loss of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

What would you like to share about any of these experiences? \_\_\_\_\_

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For therapist use: \_\_\_\_\_

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After traumatic life events, people can be affected in certain ways. Please "X" the box if you have experienced any of the following in the **past month**:

Difficulty concentrating

Feeling disconnected from others

Feeling jumpy or easily startled

Feeling super-alert, watchful, or on guard

Flashbacks

Intense distress when reminded of event(s)

Intrusive, distressing thoughts or memories

Irritability, angry outbursts, aggressive action

Nightmares

Strong negative feelings (fear, guilt, shame, anger)

Trouble experiencing pleasant emotions

Trouble falling or staying asleep

What would you like to share about any of these experiences?

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### Emergency Resources

National Suicide Hotline	800.273.8255
Trans Life Line	877.565.8860
Ozone House Youth Crisis Line	734.662.2222
Crisis Text Line: Text "Hello" to:	741741
UofM Psychiatric Emergency Services (PES)	734.936.5900

For therapist use: \_\_\_\_\_

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