

Stressful Life Events Screening Questionnaire for DSM-5

This questionnaire asks about many different types of stressful life events. These kinds of events can be frightening or distressing to almost everyone. During your life, have any of the following events ever happened to you? (For each question, please check the answer choice that applies to you)

1. Have you ever had a life-threatening illness?

Yes ___1 No ___2

2. Were you ever in a life-threatening accident?

Yes ___1 No ___2

3. Was physical force or a weapon ever used against you in a robbery or mugging?

Yes ___1 No ___2

4. Has an immediate family member, romantic partner or VERY CLOSE friend died as a result of accident, homicide, or suicide?

Yes ___1 No ___2

5. When you were a child or more recently, did anyone (parent, other family member, romantic partner, stranger or someone else) ever succeed in PHYSICALLY FORCING you to have intercourse, or oral or anal sex against your wishes OR when you were in some way helpless?

Yes ___1 No ___2

6. Other than experiences described in the previous item, has anyone ever used PHYSICAL FORCE OR THREAT to TRY to make you have intercourse, oral or anal sex, against your wishes OR when you were in some way helpless?

Yes ___1 No ___2

7. Other than experiences mentioned in the previous two items, has anyone ever ACTUALLY TOUCHED private parts of your body or made you touch theirs against your wishes, OR when you were in some way helpless?

Yes ___1 No ___2

8. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat or otherwise attack or harm you?

Yes ___1 No ___2

9. Other than the experiences mentioned in the previous item, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, sibling, family member, stranger or someone else?

Yes ___1 No ___2

10. Other than the experiences already covered, has anyone ever THREATENED you with a weapon, like a knife or gun?

Yes ___1 No ___2

11. Have you ever been present when another person was killed, seriously injured, or sexually or physically assaulted?

Yes ___1 No ___2

If so, was it only on TV, a movie, a picture or the internet? Yes ___1 No ___2

12. Have you experienced repeated or extreme exposure to gruesome or horrifying details of another person's death, serious injury, or sexual violation (for example, repeatedly witnessing body parts after a serious accident, disaster, or violent conflict; or repeatedly being exposed to the details of child abuse)?

Yes ___1 No ___2

If so, was it only on TV, a movie, a picture or the internet? Yes ___1 No ___2

Was it related to your work or occupation? Yes ___1 No ___2

13. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?

Yes ___1 No ___2

Please describe. _____

14. The events listed below correspond to the stressful event items queried above. If any of these events happened to you, CHECK the ONE event (only 1) that HAS CAUSED YOU THE MOST DISTRESS IN THE PAST MONTH. We realize that if you experienced one (or more) of these events, they may not cause you distress now. But please select the one event that is worse than the other (even if it doesn't cause you a lot of distress). If none of these events happened to you, check "None" at the bottom of this list.

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|---|--|
| 1. Life-threatening illness | 9. Partner/date, etc. physically harmed you |
| 2. Life-threatening accident | 10. Threatened with a weapon |
| 3. Physical force/weapon used | 11. Present when someone was killed, injured, or assaulted |
| 4. Family member/close friend died | 12. Repeated exposure to vivid trauma details |
| 5. Physical force used to have sex | 13. Other situation: seriously injured/life in danger |
| 6. Physical force/threat to try to have sex | 14. None of these events happened to me |
| 7. Childhood: Touched your body private parts | |
| 8. Parent/caregiver physically harmed you | |
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(a) When did this event (first) occur? (your age): _____

(b) When did this event last occur? (your age): _____

(c) Did you experience intense fear, helplessness or horror when it happened? yes₁ / no₂

(d) **How much distress** (anxiety, worry, sadness, frustration, grief, anger, guilt or shame) have you felt about this event in the past month? (*Check the best answer*)

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|-------------------------------------|-----------------------------|---------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| None happened to me ₁ | No Distress ₂ | Slight Distress ₃ | Moderate Distress ₄ | Considerable Distress ₅ | Extreme Distress ₆ |
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The Stressful Life Events Screening Questionnaire (SLESQ) was originally developed by Goodman et al. (1998), for screening of traumatic event history based on DSM-IV posttraumatic stress disorder's (PTSD) trauma criteria. Elhai et al. (2012) revised the measure by only inquiring about each trauma rather than asking follow-up probing questions about each trauma, and by revising some of the trauma items for consistency with the DSM-5 PTSD's trauma criteria. After presentation of the SLESQ's trauma items, Elhai et al. (2012) asked participants to nominate their most distressing trauma (if endorsing more than one traumatic event), in order to subsequently rate symptoms of PTSD using a PTSD scale based on this worst trauma.

Elhai, J. D., Miller, M. E., Ford, J. D., Biehn, T. L., Palmieri, P. A., & Frueh, B. C. (2012). Posttraumatic stress disorder in DSM-5: Estimates of prevalence and symptom structure in a nonclinical sample of college students. *Journal of Anxiety Disorders, 26*, 58-64.

Goodman, L., Corcoran, C., Turner, K., Yuan, N., & Green, B. L. (1998). Assessing traumatic event exposure: General issues and preliminary findings for the Stressful Life Events Screening Questionnaire. *Journal of Traumatic Stress, 11*(3), 521-542.

The Elhai et al. (2012) paper is downloadable from: <https://www.jon-elhai.com/research#access>