Trauma Interview Form

Details About the Trauma:

When did the trauma occur (date, day of the week, during the day/night)?

Where did the trauma occur (at home/at school/somebody else's house/street/car/bus/shopping mall/other)?

Feelings During the Trauma:

Did you believe during the event that you may die or be severely injured?

Did you feel helpless?

Were you terribly scared?

Additional Information:

Do you blame another person for what happened? If yes, whom?

Was anybody else with you during the event? If yes, who?

Did you escape danger by yourself or did you receive assistance?

Did you suffer from injuries?

Did you receive medical assistance?

Do you feel guilty about the trauma or about the way you behaved during the event?

Were you ashamed about the event or about your behavior during the event?

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Trauma Interview Form

Changes in Beliefs and Attitudes:

Have you experienced changes in your relationships with people who are close to you?

Have you experienced changes in your relationship with less intimate friends?

Have you experienced changes in the way you see yourself as a person?

Did anybody blame you or was angry with you for what happened?

Were you scared that someone would be angry with you or blame you?

Other Questions:

How difficult do you find it discussing the trauma with other people?

Would you like to mention anything else about the trauma, the events preceding or following it?

How was it for you to discuss those issues?

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