

SECTION G. STRESS AND TRAUMA
1. TRAUMATIC LIFE EVENTS
Code for most recent time of event

- | | |
|---------------------------|-----------------------|
| 0. Never | 2. Within last year |
| 1. More than one year ago | 3. Within last 7 days |

a. Death of close family member or friend

b. Victim of sexual assault or abuse

c. Victim of physical assault or abuse

d. Victim of crime—e.g., robbery; exclude assault

e. Victim of emotional abuse

2. DESCRIBES ONE OR MORE OF THESE EVENTS AS INVOKING A SENSE OF HORROR OR INTENSE FEAR

- | | |
|-------------------------|--------|
| 0. No or not applicable | 1. Yes |
|-------------------------|--------|

SECTION H. MEDICATION/TREATMENTS
1. STOPPED TAKING PSYCHOTROPIC MEDICATION IN LAST 3 MONTHS BECAUSE OF SIDE EFFECTS

- | | |
|--------------------------------------|--------|
| 0. No, or no psychotropic medication | 1. Yes |
|--------------------------------------|--------|

2. INTENTIONAL MISUSE OF PRESCRIPTION / OVER-THE-COUNTER MEDICATION IN LAST 3 MONTHS

(e.g., uses medication for purpose other than intended)

- | | |
|-------|--------|
| 0. No | 1. Yes |
|-------|--------|

SECTION I. ASSESSMENT INFORMATION
SIGNATURE OF PERSON COORDINATING/COMPLETING THE ASSESSMENT

1. **Signature** (*sign on above line*)

2. **Date assessment signed as complete**

2	0			—			—		
Year					Month			Day	