

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

# STRESS, TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES

## CLIENT SELF-ADMINISTERED

### Life Events Checklist (LEC-5) [OPTIONAL]

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) *it happened to you personally*, (b) *you witnessed it happen to someone else*, (c) *you learned about it happening to someone close to you*, (d) *you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder)*, (e) *you're not sure if it fits*, or (f) *it doesn't apply to you*.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

| Event   | Happened to me | Witnessed it | Learned about it | Part of my job | Not sure | Does not apply |
|---|----------------|--------------|------------------|----------------|----------|----------------|
| 1. Natural disaster (for example, flood, hurricane, tornado, earthquake)                        |                |              |                  |                |          |                |
| 2. Fire or explosion  |                |              |                  |                |          |                |
| 3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash) |                |              |                  |                |          |                |
| 4. Serious accident at work, home, or during recreational activity                              |                |              |                  |                |          |                |
| 5. Exposure to toxic substance (for example, dangerous chemicals, radiation)                    |                |              |                  |                |          |                |

| Event  | Happened to me | Witnessed it | Learned about it | Part of my job | Not sure | Does not apply |
|--|----------------|--------------|------------------|----------------|----------|----------------|
| 6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)                               |                |              |                  |                |          |                |
| 7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)                  |                |              |                  |                |          |                |
| 8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm) |                |              |                  |                |          |                |
| 9. Other unwanted or uncomfortable sexual experience   |                |              |                  |                |          |                |
| 10. Combat or exposure to a war-zone (in the military or as a civilian)  |                |              |                  |                |          |                |
| 11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)                            |                |              |                  |                |          |                |
| 12. Life-threatening illness or injury   |                |              |                  |                |          |                |
| 13. Severe human suffering   |                |              |                  |                |          |                |
| 14. Sudden, violent death (for example, homicide, suicide)   |                |              |                  |                |          |                |
| 15. Sudden, unexpected death of someone close to you   |                |              |                  |                |          |                |
| 16. Serious injury, harm, or death you caused to someone else  |                |              |                  |                |          |                |
| 17. Any other very stressful event or experience   |                |              |                  |                |          |                |