Stressful Life Events Screening Questionnaire (SLESQ)
Goodman, Corcoran, Turner, Yuan, & Green, 1998

Description

The Stressful Life Events Screening Questionnaire (SLESQ) is a 13-item self-report measure for non-treatment seeking samples that assesses lifetime exposure to traumatic events. Eleven specific and two general categories of events, such as a life-threatening accident, physical and sexual abuse, witness to another person being killed or assaulted, are examined. For each event, respondents are asked to indicate whether the event occurred ("yes" or "no"), their age at time of the event, as well as other specific items related to the event, such as the frequency, duration, whether anyone died, or was hospitalization, etc. The SLESQ is recommended for research and general screening purposes, and is available in English and Spanish.

Sample Item

Was physical force or a weapon ever used against you in a robbery or a mugging? How many perpetrators? Describe physical force. Did anyone die? What injuries did you receive? Was your life in danger?

References


Additional Reviews

Orsillo (2001) (PDF) p. 287


To Obtain Scale

Available for download (DOC) at [http://ctc.georgetown.edu/339952.html](http://ctc.georgetown.edu/339952.html)

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**Measure availability:** We provide information on a variety of measures assessing trauma and PTSD. These measures are intended for use by qualified mental health professionals and researchers. Measures authored by National Center staff are available as direct downloads or by request. Measures developed outside of the National
Center can be requested via contact information available on the information page for the specific measure.
STRESSFUL LIFE EVENTS SCREENING QUESTIONNAIRE - REVISED

The items listed below refer to events that may have taken place at any point in your entire life, including early childhood. If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire. (Please print or write neatly).

1. Have you ever had a life-threatening illness?
   - No _____ Yes _____
   - If yes, at what age? ______

Duration of Illness _______________________

Describe specific illness _____________________________________________

2. Were you ever in a life-threatening accident?
   - No _____ Yes _____
   - If yes, at what age? ______

Describe accident________________________________________________________

Did anyone die? _____  Who? (Relationship to you)________________________

What physical injuries did you receive? __________________________________

Were you hospitalized overnight?  No_____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?
   - No _____ Yes _____
   - If yes, at what age? ______

How many perpetrators?___________

Describe physical force (e.g., restrained, shoved) or weapon used against you.
   ________________________________________________________________

Did anyone die? ______

Who?_____________________________________________________

What injuries did you receive? _________________________________________

Was your life in danger? _________________________

4. Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide?
   - No _____ Yes _____
   - If yes, how old were you? ______
How did this person die? ____________________________________________________

Relationship to person lost __________________________________________________

In the year before this person died, how often did you see/have contact with him/her? __________________________________________________________

Have you had a miscarriage? No _____ Yes _____ If yes, at what age?___________

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever physically forced you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?

No _____ Yes _____ If yes, at what age? ________________

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more
than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more __________.

Who did this? (Specify stranger, parent, etc.) ________________________________

Has anyone else ever done this to you? No______ Yes______

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?

No _____ Yes _____ If yes, at what age? ________________

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more
than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more __________.

Who did this? (Specify sibling, date, etc.) ________________________________

What age was this person? __________

Has anyone else ever done this to you? No______ Yes______

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

No _____ Yes_____ If yes, at what age __________________________

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more
than 2 yrs. but less than 5 yrs _____, 5 yrs. or more _______.

Describe force used against you (e.g., fist, belt)______________________________

Were you ever injured? _____ If yes, describe ________________________________

Who did this? (Relationship to you) _________________________________________

Has anyone else ever done this to you? No_______ Yes ________

8. **As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?**

   No _____ Yes _____ If yes, at what age? _______________________

   If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10______

   If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more
     than 2 yrs. but less than 5 yrs. ______, 5 yrs. or more _______.

   Describe force used against you (e.g., fist, belt) __________________________

   Were you ever injured?_______ If yes, describe_____________________________

   Who did this? (Relationship to you) ___________________

   If sibling, what age was he/she_____________________

   Has anyone else ever done this to you? No_______ Yes ______

9. **Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?**

   No _____ Yes _____ If yes, at what age? _______________________

   If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10______

   If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more
     than 2 yrs. but less than 5 yrs. ______, 5 yrs. or more _______.

   Who did this? (Relationship to you) ___________________

   If sibling, what age was he/she_____________________

   Has anyone else ever done this to you? No_______ Yes ______

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

No _______ Yes _______ If yes, at what age? ___________________

If yes, how many times? 1 _____ , 2-4 _____ , 5-10 _____ , more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more
than 2 yrs. but less than 5 yrs. ______, 5 yrs. or more _______.

Describe nature of threat _____________________________________________________

Who did this? (Relationship to you) ___________________________________________

Has anyone else ever done this to you? No_____ Yes _______

11. Have you ever been present when another person was killed? Seriously injured?
Sexually or physically assaulted?

No _____ Yes _____ If yes, at what age? ___________________

Please describe what you witnessed ____________________________________________

Was your own life in danger? ________________________________________________

12. 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)?

No_________ Yes_______

If yes, at what age? _________ Please describe. _____________________________

________________________________________________________________________

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?

No_____ Yes_____

If yes, at what age? _________ Please describe. ______________________________

________________________________________________________________________

The interviewer should determine if the respondent is reporting the same incident in multiple questions, and should record it in the most appropriate category.

Source: https://georgetown.app.box.com/s/nzprmm2bn5pwzdw1l62w