

Inwald Trauma Recovery Inventory Data Sheet

Please complete this form as part of the Inwald Trauma Recovery Inventory (ITRI)

Name (opt.) _____

Organization _____

Case # (req.) _____

Social Security (opt.) _____

City/State _____

Agency # _____

Date _____

Phone # (opt.) _____

E-mail _____

Sex: ___ M ___ F Age: ___

Ethnicity: ___ White ___ Black ___ Hispanic ___ Asian ___ Other

Marital Status (check one): ___ First Marriage ___ Never married
 ___ Separated ___ Divorced
 ___ Remarried ___ Widowed

Number of Children: _____ Ages: _____

Your Educational Background

Highest Degree Completed (check one): ___ **G.E.D.** ___ Hi School
 ___ Associate's ___ Bachelor's
 ___ Master's ___ M.B.A.
 ___ J.D. ___ Ph.D.
 ___ Other (please specify) _____

High School Grade Average (circle): A A/B B B/C C C/D D D/F

College Grade Average (if applicable): A A/B B B/C C C/D D D/F

SAT Verbal ___ SAT Math ___ GRE Verbal ___ GRE Math ___ GMAT ___
LSAT ___ Other test (specify) _____

Employment Information

I am now (check one): ___ Working full-time ___ Working part-time
 ___ Full-time student ___ Looking for a job
 ___ Unemployed ___ Retired

Inwald Trauma Recovery Inventory Data Sheet

Current Salary Range: ___ Under \$11,000 ___ \$11,000-\$20,000
 ___ \$21,000-\$30,000 ___ \$31,000-\$50,000
 ___ \$51,000-\$80,000 ___ \$81,000-\$150,000
 ___ Over \$150,000

Primary Work Setting: ___ Government Agency _____
(specify in space ___ Small Business _____
provided) ___ Large Business _____
 ___ Self-employed only _____
 ___ None

Number of Employees in Primary Company: _____ **Current Job Title:** _____

Major Duties: _____ **Type of Business:** _____

Length of time on this job: _____ years _____ months

Number of people directly under my supervision: _____

1. Describe the critical event/traumatic situation you will be thinking about for the purpose of completing the Inwald Trauma Recovery Inventory:

2. Check the item below that **most accurately** fits your experience:

_____ I believe that I have been traumatized **one time in my life** (i.e. I've experienced a sudden/unexpected event/situation that severely affected my life).

_____ I believe that I have been traumatized **more than one time in my life** (i.e. I've experienced a sudden/unexpected event/situation that severely affected my life on more than one occasion).

_____ I believe that I have **never** been traumatized in my life (i.e. I have never experienced a sudden/unexpected event/situation that severely affected my life).

If you were traumatized **one time in your life**, briefly describe that event/situation (leave blank if you were traumatized more than one time in your life):

Inwald Trauma Recovery Inventory Data Sheet

If you were traumatized **one time in your life**, how long ago did that occur? (Leave blank if you were traumatized more than one time in your life)

- | | |
|---|---|
| <input type="checkbox"/> Within the past week | <input type="checkbox"/> Within in the past year |
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> Within the past 5 years |
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> Within the past 10 years |
| <input type="checkbox"/> Within the past 6 months | <input type="checkbox"/> Over 10 years ago |

If you were traumatized **one time in your life**, what was your role during the traumatic event/situation? (leave blank if you were traumatized more than one time)

- I was personally threatened (i.e. the event/situation happened directly to me)
- I witnessed the event (i.e. event/situation happened to someone else)
- I was a rescuer/service provider after the event/situation occurred
- I heard about the event/situation but was not at the location when it occurred
- I saw the event/situation on television

If you were traumatized **more than one time in your life**, briefly describe the **most recent** traumatic event/situation:

If you were traumatized **more than one time in your life**, how long ago did the **most recent** traumatic event/situation occur?

- | | |
|---|---|
| <input type="checkbox"/> Within the past week | <input type="checkbox"/> Within in the past year |
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> Within the past 5 years |
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> Within the past 10 years |
| <input type="checkbox"/> Within the past 6 months | <input type="checkbox"/> Over 10 years ago |

If you were traumatized **more than one time in your life**, what was your role during the **most recent** traumatic event/situation?

- I was personally threatened (i.e. the event/situation happened directly to me)
- I witnessed the event (i.e. event/situation happened to someone else)
- I was a rescuer/service provider after the event/situation occurred
- I heard about the event/situation but was not at the location when it occurred
- I saw the event/situation on television

Inwald Trauma Recovery Inventory Data Sheet

If you were traumatized **more than one time in your life**, briefly describe the **second most recent** traumatic event:

If you were traumatized **more than one time in your life**, how long ago did the **second most recent** traumatic event/situation occur?

- | | |
|---|---|
| <input type="checkbox"/> Within the past week | <input type="checkbox"/> Within in the past year |
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> Within the past 5 years |
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> Within the past 10 years |
| <input type="checkbox"/> Within the past 6 months | <input type="checkbox"/> Over 10 years ago |

If you were traumatized **more than one time in your life**, what was your role during the **second most recent** traumatic event/situation?

- I was personally threatened (i.e. the event/situation happened directly to me)
- I witnessed the event (i.e. event/situation happened to someone else)
- I was a rescuer/service provider after the event/situation occurred
- I heard about the event/situation but was not at the location when it occurred
- I saw the event/situation on television

If you were traumatized **more than one time in your life**, briefly describe the **third most recent** traumatic event/situation:

If you were traumatized **more than one time in your life**, how long ago did the **third most recent** traumatic event/situation occur?

- | | |
|---|---|
| <input type="checkbox"/> Within the past week | <input type="checkbox"/> Within in the past year |
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> Within the past 5 years |
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> Within the past 10 years |
| <input type="checkbox"/> Within the past 6 months | <input type="checkbox"/> Over 10 years ago |

Inwald Trauma Recovery Inventory Data Sheet

If you were traumatized **more than one time in your life**, what was your role during the **third most recent** traumatic event/situation?

- _____ I was personally threatened (i.e. the event/situation happened directly to me)
- _____ I witnessed the event (i.e. event/situation happened to someone else)
- _____ I was a rescuer/service provider after the event/situation occurred
- _____ I heard about the event/situation but was not at the location when it occurred
- _____ I saw the event/situation on television

Briefly describe any **additional** traumatic events/situations in your life (please include how long ago they occurred and your role in these events/situations).

Send completed data sheets to:

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