

Part A. TALE Checklist

(Trauma And Life Events Checklist, Carr, Hardy & Fornells-Ambrojo, 2018)

This checklist includes a list of common traumatic or stressful life events. We would like to know whether or not you have ever experienced these events and, if so, which has the most impact on you now. If you choose to answer, please just indicate which events you experienced, if they happened more than once, and how old you were when they happened. Thank you.

Have you ever experienced...? (Please see brackets for some examples)	Yes (✓) or No (✗)	More than once? Yes (✓)/ No (✗)	Age(s) - range if repeated
1. Exposure to war, either in the military or as a civilian? (e.g. combat, ongoing civil unrest, torture, becoming a refugee or political prisoner)			
2. Loss of, or permanent separation from someone close to you such as a parent or caregiver? (e.g. due to death, being placed in care, conflict, divorce)			
3. A period of separation from someone close to you such as a parent or caregiver? (e.g. due to being placed in care, illness, conflict, divorce)			
4. Sudden or unexpected move or change in circumstances? (e.g. changing school, loss of home)			
5. Bullying or harassment at school, work or on the street? (e.g. people saying hurtful things, hitting or shoving)			
6. Discrimination at school, work or on the street? (e.g. being ignored or treated differently)			
7. Someone close to you insulting you, putting you down or humiliating you? (e.g. someone you live with / partner / family member/ caregiver)			
8. Someone close to you being physically violent or aggressive towards you? (e.g. parent / partner, hitting / kicking / throwing things)			
9. Witnessing physical violence or verbal aggression in your home? (e.g. parents fighting, seeing siblings being beaten or hurt)			
10. Someone you did not know being physically violent or aggressive towards you? (e.g. mugging, assault, fight)			
11. Feeling unsafe, unloved or unimportant during childhood? (e.g. no one to look out for you)			
12. Going hungry or thirsty, not having clean clothes or a safe place to stay during childhood?			
13. Someone having any sexual contact with you, before your 16 th birthday, that either at the time or looking back on it now was unwanted? (e.g. talking, looking, touching, penetration)			
14. Someone having any sexual contact with you, since your 16 th birthday, that either at the time or looking back on it now was unwanted? (e.g. talking, looking, touching, penetration)			
15. Unusual experiences, such as hearing voices, seeing visions or having worries about other people causing you harm, that made you feel in danger or distress?			
16. Acting in ways that put you or someone else in danger or were strange or embarrassing? (e.g. wandering the streets at night, violence, risky sexual behaviours)			
17. Contact with mental health services (e.g. being admitted to hospital) that involved threatening or upsetting events? (e.g. being restrained, coerced, secluded, assaulted, forced to take medicine, or witnessing such events)			
18. Any other contact with health or criminal justice services which was upsetting or frightening?			
19. Any other events that were accidental or did not involve people intending to cause you harm? (e.g. serious illness, accidents, fire, natural disaster)			
20. Apart from the above, has anything else happened in your life that you found distressing? Please specify:			
21a. Do any of the events you have mentioned, that ended at least 1 month ago, still affect you now? 21b. Which event or events currently affect you most? Event number(s):	Yes / No		
21c. Overall, how much are you affected now by the event or events select in 21b (from 0 = not at all to 10 = extremely)?			