

Essen Trauma – Inventory for Children and Adolescents (ETI-CA)  
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# ETI-CA

## Essen Trauma – Inventory for Children and Adolescents

**Reference/ Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of assessment:** \_\_\_\_\_

**Instruction:** This is a list of stressful events, which people may experience during their life. Please indicate for each event whether you have experienced it (**YES**) or not (**NO**). If your answer is YES, please mark if the event happened to you **in person** or whether you experienced it **as a witness**. If you experienced an event personally as well as witnessed it, please mark both answers. All your answers will be confidential. Please answer every question.

	NO	YES	
		in person	witnessed
1. Natural disaster (e.g. flood, thunderstorm, earthquake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Serious accident, fire or explosion (e.g. car, industrial, plane, or boating accident)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Severe illness/injury (e.g. stroke, cancer, heart attack, severe surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assault <u>by a stranger</u> (e.g. being physically attacked, robbed, threatened with a gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Assault <u>by a family member or someone you know</u> (e. g. being physically attacked, robbed, threatened with a gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sudden death or loss of a close person or family member (e.g. by accident, suicide or murder)	<input type="radio"/>		<input type="radio"/>
7. Imprisonment (e.g. prison inmate, prisoner of war, hostage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sexual abuse <u>by a stranger</u> (e.g. unwanted or forced sexual contact, rape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sexual abuse <u>by a family member or someone you know</u> (e.g. unwanted or forced sexual contact, rape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Stay in a war zone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Neglect (e.g. constant rejection, not enough parental care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other stressful events: Which: _____			

**Attention Important!**

**Which event had the greatest impact on you?** (Please choose the most negative experience from the list above. In case your worst experience is not listed above, please name it.)

13.

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions **WITH REGARD TO THE EVENT YOU CHOSE ABOVE.**

**14. How long ago did the event happen?**

**Days:** \_\_\_\_\_ **Weeks:** \_\_\_\_\_ **Months:** \_\_\_\_\_ **Years:** \_\_\_\_\_

**15. During this worst event:**

*(please mark YES or NO)*

- |  | <b>YES</b>            | <b>NO</b>             |
|--|-----------------------|-----------------------|
| A1. Were you physically injured?                   | <input type="radio"/> | <input type="radio"/> |
| A2. Did you think your life was at risk?           | <input type="radio"/> | <input type="radio"/> |
| A3. Was someone else physically injured?           | <input type="radio"/> | <input type="radio"/> |
| A4. Did you think someone else's life was at risk? | <input type="radio"/> | <input type="radio"/> |
| A5. Did you feel helpless?                         | <input type="radio"/> | <input type="radio"/> |
| A6. Were you extremely scared?                     | <input type="radio"/> | <input type="radio"/> |
| A7. Did you feel very tense?                       | <input type="radio"/> | <input type="radio"/> |
| A8. Did you feel very restless?                    | <input type="radio"/> | <input type="radio"/> |

**Instruction:** Below is a list of difficulties people may suffer from, after stressful life events. Please read each question carefully and then choose the number (not at all (0), seldom (1), often (2), very often (3) which describes best how strongly you were affected by each difficulty **DURING THE PAST MONTH** (meaning the past four weeks up until today). **The questions are aimed at the traumatic event you described in item 13.**

	<b>Not at all</b>	<b>Rarely</b>	<b>Often</b>	<b>Very often</b>
<b>1.</b> Did the event cause upsetting thoughts or images that come to your mind although you don't want them to?	①	①	②	③
<b>2.</b> Did you try not to think about the event, not to talk about it or to suppress feelings about it?	①	①	②	③
<b>3.</b> Did you have trouble falling or staying asleep?	①	①	②	③
<b>4.</b> Did you have moments in which you lost track of what was happening or did you feel like you were not part of what was going on?	①	①	②	③
<b>5.</b> Did you have nightmares about the event?	①	①	②	③
<b>6.</b> Did you try to avoid situations that remind you of the event (e.g. activities, people or places)?	①	①	②	③
<b>7.</b> Did you have outbursts of temper or did you often feel irritated?	①	①	②	③
<b>8.</b> Did you have a changed sense of time, like everything was happening in slow motion?	①	①	②	③
<b>9.</b> Did you ever suddenly live through the event again mentally?	①	①	②	③
<b>10.</b> Were you unable to recall an important part of the event?	①	①	②	③

	<b>Not at all</b>	<b>Rarely</b>	<b>Often</b>	<b>Very often</b>
<b>11.</b> Did you have trouble concentrating (e.g. forgetting what you just wanted to do, or forgetting what you just read or what you just saw on television)?	①	②	③	④
<b>12.</b> Did the event appear unreal to you, as if you were dreaming or watching a film or play?	①	②	③	④
<b>13.</b> Did you feel emotionally upset when you were reminded of the event (e.g. helpless, angry, sad, guilty, embarrassed?)	①	②	③	④
<b>14.</b> Did you lose interest in activities which were important to you before the event (e.g. hobbies, sport?)	①	②	③	④
<b>15.</b> Were you overly cautious without apparent reason? (e.g. checking to see who is around you, having a phone close-by to call help if necessary?)	①	②	③	④
<b>16.</b> Were there occasions when you felt unable to recognise yourself in the mirror?	①	②	③	④
<b>17.</b> Did you have physical reactions when you were reminded of the event (e.g. uneasiness, tremor or racing heartbeat)?	①	②	③	④
<b>18.</b> Did you feel alienated or isolated from people in your environment?	①	②	③	④
<b>19.</b> Were you more easily startled or highly nervous (e.g. by loud noises)?	①	②	③	④
<b>20.</b> Were you not sure sometimes where you were or what time it was?	①	②	③	④
<b>21.</b> Did you feel emotionally numb (e.g. being unable to cry or unable to have positive feelings)?	①	②	③	④
<b>22.</b> Did you feel like your plans and hopes for the future will not come true (e.g. you will not start a family, will be less lucky in life, school and jobs as others)?	①	②	③	④
<b>23.</b> Did you sometimes feel like your body did not belong to you?	①	②	③	④

**24. For how long have you been experiencing the problems that you reported above (questions 1-23)?**

- less than 1 month                      ①
- less than 3 months                    ②
- more than 3 months                   ③

**25. How long after the worst event did these problems occur first (questions 1-23)?**

- within 6 months                        ①
- after 6 months                            ②

**26. Ever since the worst event, did you have more physical complaints? If yes, which of these?**

(You can mark more than one answer)

- Stomach aches       Head aches       Sickness       Diarrhoea   
Tremor       Dizziness       Racing heartbeat       Breathlessness   
Seizures       O: Wenn ja, welche? \_\_\_\_\_

**27. How much does the event burden you now?**

- not at all  ①  
very slightly  ①  
slightly  ②  
moderately  ③  
strongly  ④  
extremely  ⑤

**Instruction:** Indicate below if the problems you described above affected any of the listed areas of your life **DURING THE PAST MONTH**. Please choose the answer that describes best how strongly each area has been affected.

**28. Current difficulties in different areas of life.**

	<b>NONE</b>	<b>SLIGHT</b>	<b>MODERATE</b>	<b>STRONG</b>
a. School/ Employment	①	①	②	③
b. Household chores and duties	①	①	②	③
c. Hobbies and leisure activities	①	①	②	③
d. Relationships to friends	①	①	②	③
e. Relationships to family members	①	①	②	③
f. Sexuality	①	①	②	③