

## Have you been Effected by Abusive or Traumatic Life Experiences?

### Understanding Your Self Assessment

The Abusive or Traumatic Life Experiences self assessment is constructed to help you understand what effect your traumatic experience has had on you. The purpose of the assessment is to help you to recognize what specific areas you need to work on.

### Performance

	YES	NO
Do you have difficulty concentrating?		
Do you have a hard time performing daily tasks?		
Do you have an inner belief that causes you to view self as bad, damaged, defective, substandard or unworthy?		
Do you have difficulty looking in mirrors at yourself?		
Do you feel depressed about how you have been performing in your relationships, job or social situations?		
Do you strive for perfection?		
Are you experiencing sexual problems?		
Are you mentally preoccupation with sex?		
Are you indifferent to sex?		
Do you have a fear of sexual closeness?		

### Mental

Do you worrying about what you should have done?		
Are you consciously avoiding reminders of losses in your life?		
Are you having difficulty sleeping?		
Are you being woken up by disturbing dreams?		

Do you have incidents of overwhelming fear?		
Do you have a need to impulsively over spend or steal?		
Do you have problems with food: anorexia, bingeing, diet pills, laxatives, or restricting?		
Do you excessively exercise?		
Do you have a negative body image?		
Do you have disturbing thoughts?		
Do you think something bad is going to happen?		
Do you have a constant stream of negative thoughts?		
Are you constantly guarded toward other people, place or events?		
Do you experience confusion?		
Are you experiencing compulsive thoughts?		

## Emotional

Do you feel anxious about what has happened, or what might happen?		
Do you experience shamed for not protecting yourself or someone else enough?		
Do you experience emotional numbness or detachment about painful events you have experienced in your life?		
Do you feeling guilty that maybe you didn't stop yourself or someone else from		
Do you have emotional ups and downs?		
Are you on the verge of tears frequently or crying for no reason?		
Do you feel annoyed for no reason?		
Do you have angry outbursts for no reason?		
Are you fearful, jumpy, scared and/or suspicious when no threat is present?		
Do you have a feeling of emptiness?		
Do you have unexplained or overwhelming emotions disconnected from your daily activities?		
Do you experience waves of strong emotions?		
Do you have increased desire to use substances to stop emotional pain?		
Do you do current behaviors over and over again to decrease emotional pain?		

## Memory

Do you have repeated unpleasant thoughts that won't leave your mind?		
Do you have repeated thoughts of threats made to you that will not leave your mind?		
Do you have disturbing images that flash in your mind?		
Do you experience the inability to stop or control memories about a painful event or loss in your life which replays often in your mind?		
Do you dreaming of past traumatic life events?		
Periods of lost time.		
Do you dream about something bad happening in the future?		

## Audio

Hearing sounds or noises from a past traumatic life event.		
Hearing comments, criticism or commanding statements from a past abusive life event in your head.		