

# CRITERION A

## Event Date

CrAEDateMonth		DateDay		CrAEDateYear			
Month		Day		Year			

## Event Description

CritADesc

### 1. TYPE OF EVENT (check all that apply)

A.

<input type="checkbox"/> CrAType_Combat	<input type="checkbox"/> CrAType_Accident
<input type="checkbox"/> CrAType_SexualAssault	<input type="checkbox"/> CrAType_Disaster
<input type="checkbox"/> CrAType_PhysicalAssault	<input type="checkbox"/> CrAType_Other <input type="checkbox"/> CrAType_OtherName

### 2. LEVEL OF EXPOSURE (check all that apply)

A.

Experienced	Threatened	Witnessed	Vicarious
<input type="checkbox"/> CrAExposure_Experienced	<input type="checkbox"/> CrAExposure_Threatened	<input type="checkbox"/> CrAExposure_Witnessed	<input type="checkbox"/> CrAExposure_Vicarious

### 3. CRITERIA

A. Criterion A1 Met:  CrA3As  No

PLEASE DO NOT WRITE BELOW THIS LINE

ID

Date  /  /

SubmitAction