

Timeline of Lifetime Trauma (TiLT) Inventory

Completion of this inventory may take 30 – 90 minutes. The detail requested by the questions in this inventory form is very important to fully understand your pain issues. Chronic pain is more common in individuals who have had injuries, surgery, or anatomical abnormalities that are not common in the general population.

Your Information

Your name as on your BC Services Card or your Driver's Licence			
Your date of birth MM/DD/YYYY		Your age	
Your personal health number		Your cell number	
Your home address			
Your email address			

Step 1 – Current Pain Problem

Please provide details of your current pain issue(s).

	Issue 1	Issue 2	Issue 3
Location of pain			
Worse on the right (R), left (L), or equal (E)?			
How long has this been a problem?			
Any aggravating posture or activity?			

Step 2 – Current Medications

It is only necessary to list the medication name. No need to list dosage or how many times per day the medication is taken. Add the words 'as needed' if you do not take the medication regularly.

Please list your current medications which **are not** analgesics, pain killers, or for treatment of your pain.

Please list the medications which **are** used for treatment of your pain.

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Step 3 – Occupations / Work History

Please list the occupations or jobs that lasted longer than 6 months in your working life. Repetitive strain injuries or accidents that occurred in work settings decades ago frequently surface as chronic pain.

Age	Occupation / Job / Work Role

Step 4 – History of Competitive Sports and Recreational Activities

Please list those physical activities that you did, or currently pursue, avidly.

Age	Sports / Recreational Activity

Step 5 – Obstetrical History

For women, please list any events related to pregnancy, labour, or delivery.

Age	Obstetrical Events	Mark an X		
		If you had an epidural during labour.	If you had an episiotomy.	If you had a diastasis recti repair.

Step 6 – Results of X-rays / MRIs / CTs / Ultrasounds

Please list any radiological investigations or diagnostic imaging that had demonstrated abnormalities or health problems.

Age	Type (e.g., X-ray, CT, MRI, ...)	Imaging Results

Step 7 – Surgical History

List any surgery whether performed by a surgeon in a hospital or by a physician in a clinic. Please include:

- any minor surgery such as mole excision, laceration repair, ear pinning, foot surgery, abscess drainage, varicose vein surgery, ...
- any major or complex dental or jaw surgery that entailed repeated surgeries or had complications
- any plastic surgery procedure such as a face lift, tummy tuck, breast reduction, liposuction, ...

Age	Procedure Name / Location	Reason for Procedure unless self evident e.g., appendectomy	Complications

Step 8 – Fractures

List any fractures to major bones. It is not necessary to list fractures involving the nose, fingers, or toes, unless pain is present in these areas.

Age	Right/Left?	Bone(s) Involved	Treatment cast (C), surgery (S), other (O)	Complications infection (I), non-union (N), other (O)

Step 9 – If you ever had ...

a fall on your tailbone where it was hard to sit for days or weeks	What age did this happen?	
	How long was it hard to sit? Indicate number of days (D), weeks (W), or months (M).	
a chin laceration	What age did this happen?	
	Was it stitched (S) or did it heal naturally (N)?	
a lumbar puncture for suspected infection or bleeding in the brain	What age did this happen?	
	Were there any complications from the procedure or the illness?	
chicken pox	What age did this happen?	
	Do you have any chicken pox scars? If so, please list location(s) on your body.	
memorable or significant ankle sprains	What age did this happen?	
	Have you had bad sprains to your right (R), left (L), or both (B) ankles?	
bad acne	What age, or age range, was this a problem?	
	Was the acne most prominent on the face (F), chin (C), back (B), or upper chest (U)?	
a skin abscess or cellulitis	What age did this happen?	
	Where was this abscess located?	
any significant road rash from falling on pavement or gravel	What age did this happen?	
	Where on your body did this abrasion injury occur?	

Step 10 – If you currently have ...

immunization scars	Do you have scars on the right upper arm (RA), left upper arm (LA), right upper leg (RL), left upper leg (LL), right buttock (RB), left buttock (LB), or sacrum (S)?	
a bunion	Is a bunion present on the right foot (R), left foot (L), or both feet (B)?	
	If a bunion is sometimes painful, is it the bunion on the right foot (R), left foot (L), or both feet (B)?	
a very prominent varicose vein	Where precisely is this vein located?	
an area of skin that is distressing or uncomfortable to touch	Where is this area?	
an anxiety issue	What physical symptom or sensation becomes prominent when you get anxious?	
depression or a mood disorder	Have you had any injury, acne, or skin infection to the lower third of your face?	
bad headaches or migraines	What precise area of your head are your migraines centred?	
	How many migraines days do you have on average each month?	
a movement in daily life that is frustratingly difficult	Describe the movement that is particularly difficult or restricted.	

Step 11 – Free Recall

Please complete the **Your Trauma / Surgical / Medical History** table on page 6 and 7, through **recalling** events in your life that have involved physical trauma, accidents, injuries, fractures, soft tissue infections, major surgery, minor surgery, or medical issues.

It would be ideal if you can note your age at the time of the event. If it is difficult to specify your age for a specific event, substitute one of the following terms for an age number, e.g. <2 | 2-5 | 6-9 | 10-12 | teens | 20s | 30s | ...

Your Trauma / Medical History (use the letters **R** for right, **L** for left, **B** for both or bilateral)

Age	Trauma or Medical Problem / Location	Cause	Treatment	Complication
birth				
<1				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

For ages beyond 18, fill-in your age of the relevant trauma, surgery, or medical problem as well as pertinent information for the other columns.

Age	Trauma or Medical Problem / Location	Cause	Treatment	Complication

Step 12 – Memory Triggers

Using the examples of physical trauma events in the table below as a guide, **add** additional events to **Your Trauma / Medical History** on pages 7 and 8 above if the memory of other lifetime trauma events come to mind.

Types of Soft Tissue Trauma

This table is not exhaustive.

Trauma Type		Examples	
		Age	Event
Transport Related Injuries / Motor Vehicle Accidents	with another car	32	T boned car turning left in front of me
	with a truck	15	ran truck off road into deep ditch
	on a motorcycle	19	motorcycle fell over onto left leg
	on a bicycle	6-9	struck on right lateral hip by car, slow speed
	on public transit	20s	thrown forward in sudden stop on bus
	as a pedestrian	10-12	left foot injury, run over by tire
Surgery	major	26	C-section – bikini line scar
	minor	35	mole excision – upper left back
	childhood	6-9	appendectomy (right lower abdominal scar)
	skin cancer	27	melanoma excised off left upper back
	cosmetic	2-5	both ears pinned back
	surgical drain scars	34	chest tube for left hemopneumothorax
	bone or skin grafts	20s	skin graft left thigh for burn
	tissue biopsies	teens	biopsy of mole on left inner thigh
Fractures	treated by a cast	14	left wrist fracture
	surgically treated	19	plates and screws for right ankle break
Repeated Sprains	specify joint	teens	multiple right ankle sprains
Falls	from height	33	fell from scaffold onto both heels
	onto tailbone	10	skating fall, couldn't walk for weeks
Sports Injuries	that sidelined you	17	right knee strain, treated by brace
Recreation Injuries		13	near drowning in rapids
Childhood Injuries	bleeding events	4	fell against coffee table cutting left eyebrow, needed 3 stitches
	crushing events	12?	log rolled onto right lower leg, no bleeding but lots of bruising and hematoma

Trauma Type		Examples	
		Age	Event (<i>note whether right, left or both</i>)
Assaults	no skin penetration	22	multiple kicks to right lower back in a bar fight
	skin penetration	18	hit by a baseball bat in the left rear skull
Concussions	something struck you	20s	struck in back of head playing football
	you struck something	15	ran into a post in the dark badly bruising left temple
Lacerations	glass	6-9	smashed glass into right palm falling downstairs, needed plastic surgery
	metal	teens	tore left back of thigh on nail protruding from fence, 14 stitches
	to face	14	fell off truck bed, scraped right face
	on chin	2-5	fell on asphalt, cut on chin, 5 stitches
	other	10-12	bad abrasion to right knee
Penetrating Wounds	weapon – note type	27	knife wound to right thigh
	metal	2-5	stepped on nail with left heel
	wood / stick / sliver	child	big sliver in right upper buttock
Skin Lesions	cystic acne	20s	bad acne on upper back
	shingles	46	shingles - left chest wall
	chicken pox scar	30s	scars on right face and left upper belly
Burns	heat/thermal	4	hot tea spilt over right thigh & groin
	chemical	18	burn on right hand from battery acid
	electrical	6	lightning struck lake while swimming
	notable sunburn(s)	teens	repeated burns to upper back & neck
Animal Bites	note animal type	5	dog bite to left calf

Step 13 – Scars

Do you have any other scars on your body not already listed on page 7 or 8?

Any injury to soft tissue has a lasting mechanical effect on soft tissues. Imagine that **any** scar, whether still visible or not, has a stiffening or clamping effect on the soft tissues and distorts how a joint, a limb or your whole body moves. Injuries that occurred decades ago, particularly childhood injuries that affected the growth in your developing tissues, frequently have consequences that result in pain many decades later.

Consider inspecting your skin for scars in front of a mirror or examination by a close friend or spouse. Every scar, no matter how minor, has the potential to cause chronic pain.

Add details of the event that caused the scar to the table on pages 7 or 8.

Step 14 – Most Significant Lifetime Event

Finally, consider if any of the questions below helps to identify an event that may have been overlooked by the steps above. Add any event, or additional detail for listed events, that are triggered by these questions to the table on pages 7 or 8.

Your **first** significant physical trauma in childhood?

The **most significant** physical trauma in your lifetime?

The injury which resulted in the most amount of bleeding?

The physical trauma which caused the greatest emotional trauma in your lifetime?

Thank You!

Thank you for taking the time and making the effort to document your history of insults to your body. This information is invaluable to understanding the true source of the pain issues that complicate your life.