



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

STRESS IN CHILDHOOD

The following questionnaire asks about difficult experiences that you may have had as a child. We understand that these events may be stressful or upsetting to recall. We appreciate your participation in the study and encourage you to take a break at any time.

Part 1. General Traumas

Before the age of 18....	Yes	No
1. Were you ever exposed to a life-threatening natural disaster?		
2. Were you involved in a serious accident?		
3. Did you ever suffer a serious personal injury or illness?		
4. Did you ever experience the death or serious illness of a parent or a primary caretaker?		
5. Did you experience the divorce or separation of your parents?		
6. Did you experience the death or serious injury of a sibling?		
7. Did you ever experience the death or serious injury of a friend?		
8. Did you ever witness violence towards others, including family members?		
9. Did anyone in your family ever suffer from mental or psychiatric illness or have a "breakdown"?		
10. Did your parents or primary caretaker have a problem with alcoholism or drug abuse?		
11. Did you ever see someone murdered?		
12. Were your parents or primary caretaker ever incarcerated?		

Part 2. Physical Punishment

Before the age of 18....	Yes	No
1. Were you ever slapped in the face with an open hand?		
2. Were you ever burned with hot water, a cigarette or something else?		
3. Were you ever punched or kicked?		
4. Were you ever hit with an object that was thrown at you?		
5. Were you ever pushed or shoved?		

Part 3. Emotional Abuse



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Before the age of 18....	Yes	No
1. Were you often put down or ridiculed?		
2. Were you often ignored or made to feel that you didn't count?		
3. Were you often told you were no good?		
4. Most of the time were you treated in a cold, uncaring way or made to feel like you were not loved?		
5. Did your parents or caretakers often fail to understand you or your needs?		

If you responded "YES" for any of the above events, please answer the following for the one that has had the greatest impact on your life. In answering, consider how you felt at the time of the event.

	Yes	No
1. Did you experience emotions of intense fear, horror or helplessness?		
2. Did you feel out-of-your-body or as if you were in a dream?		

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered