



Patient: Please complete both sides and return in the enclosed envelope. Please check each answer for every question to the best of your recollection. The confidential information you provide here is an important part of a special project we are doing to help improve our understanding of how life events affect one's health.

Use a pen, place a ✓ or an ✗ in the appropriate box or fill in the blank space where applicable.

For example: OR or Month August Year 1997

1. What is your birthdate?
Month _____ Year _____
- 1b. In what state were you born?
State _____
 I was born outside of the U.S.
2. What is your sex?
Male Female
- 3a. What is your race?
Asian American
Black Indian
White Other
- 3b. Are you of Mexican, Latino, or Hispanic origin?
Yes No
4. Please check how far you've gone in school. (Choose one.)
Didn't go to high school
Some high school
High school graduate or GED
Some college or technical school
4 year college graduate
5. What is your current marital status? Are you now...
Married
Not married but living together with a partner
Widowed Divorced
Separated Never married
- 6a. How many times have you been married?
1 2 3 4 or more
Never married
- 6b. During what month and year were you first married?
Month _____ Year _____
Never married

- 7a. Which of the following best describes your current employment status?
Full-time (35 hours or more)
Part-time (1-34 hours)
Not employed outside the home
If you are currently employed outside the home:
- 7b. How many days of work did you miss in the past 30 days due to stress or feeling depressed?
Number of days: _____
- 7c. How many days of work did you miss in the past 30 days due to poor physical health?
Number of days: _____
8. For most of your childhood, did your family own their home?
Yes No
- 9a. During your childhood, how many times did you move residences, even in the same town?
Number of times: _____
- 9b. How long have you lived at your current residence?
Less than 6 months
Less than 1 year
Less than 2 years
2 or more years
10. How old was your mother when you were born?
Age: _____
- 11a. How much education does/did your mother have? (Choose one.)
Didn't go to high school
Some high school
High school graduate or GED
Some college or technical school
College graduate or higher
- 11b. How much education does/did your father have? (Choose one.)
Didn't go to high school
Some high school
High school graduate or GED
Some college or technical school
College graduate or higher
- 12a. Have you smoked at least 100 cigarettes in your entire life?
Yes No
- 12b. How old were you when you began to smoke cigarettes fairly regularly?
Age: _____
- 12c. Do you smoke cigarettes now?
Yes No
- 12d. If "Yes": on average, about how many cigarettes a day do you smoke?
Number of cigarettes: _____

If you used to smoke cigarettes but don't smoke now:

- 13a. About how many cigarettes a day did you smoke?
Number of cigarettes: _____
- 13b. How old were you when you quit?
Age: _____
- During your first 18 years of life:
- 14a. Did your father smoke?
Yes No
- 14b. Did your mother smoke?
Yes No
- 15a. During the past month, about how many days per week did you exercise for recreation or to keep in shape?
0 1 2 3 4
5 6 7
- 15b. During the past month, when you exercised for recreation or to keep in shape, how long did you usually exercise (minutes)?
0 1-19 20-29
30-39 40-49 50-59
60 or more
- 16a. How old were you when you had your first drink of alcohol other than a few sips?
Age: _____
Never drank alcohol
- During each of the following age intervals, what was your usual number of drinks of alcohol per week?
- 16b1. Age 19-29
None 7-13/week
less than 6/week 14 or more/week
- 16b2. Age 30-39
None 7-13/week
less than 6/week 14 or more/week
- 16b3. Age 40-49
None 7-13/week
less than 6/week 14 or more/week
- 16b4. Age 50 and older
None 7-13/week
less than 6/week 14 or more/week
- 16c. During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?
Yes No

Please continue on the other side. Make sure you fill in the answer box with an ✗ or ✓ with pen.



- 16d. During the past month, how many days per week did you drink any alcoholic beverages on average?
 0 1 2 3 4
 5 6 7
- 16e. On the days when you drank, about how many drinks per day did you have on average?
 1 2 3 4 or more
 didn't drink in past month
- 16f. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 Number of times: _____
- 16g. During the past month, how many times have you driven when you've had perhaps too much to drink?
 Number of times: _____
- 16h. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 Number of times: _____
17. Have you ever had a problem with your use of alcohol?
 Yes No
18. Have you ever considered yourself to be an alcoholic?
 Yes No
- 19a. During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?
 Yes No
- 19b. If "Yes": check all who were:
 Father Other Relative
 Mother Other non-relative
 Brothers Sisters
20. Have you ever been married to someone (or lived with someone as if you were married) who was a problem drinker or alcoholic?
 Yes No
- 21a. Have you ever used street drugs?
 Yes No
- 21b. If "Yes": How old were you the first time you used them?
 Age: _____
- 21c. About how many times have you used street drugs?
 0 1-2 3-10 11-25
 26-99 100+
- 21d. Have you ever had a problem with your use of street drugs?
 Yes No
- 21e. Have you ever considered yourself to be addicted to street drugs?
 Yes No
- 21f. Have you ever injected street drugs?
 Yes No
22. Have you ever been under the care of a psychologist, psychiatrist, or therapist?
 Yes No
- 23a. Has a doctor, nurse, or other health professional ever asked you about family or household problems during your childhood?
 Yes No
- 23b. How many close friends or relatives would help you with your emotional problems or feelings if you needed it?
 None 1
 2 3 or more
- While you were growing up, during your first 18 years of life:
24. Did you live with anyone who used street drugs?
 Yes No
- 25a. Were your parents ever separated or divorced?
 Yes No
- 25b. Did you ever live with a stepfather?
 Yes No
- 25c. Did you ever live with a stepmother?
 Yes No
26. Did you ever live in a foster home?
 Yes No
- 27a. Did you ever run away from home for more than one day?
 Yes No
- 27b. Did any of your brothers or sisters run away from home for more than one day?
 Yes No
28. Was anyone in your household depressed or mentally ill?
 Yes No
29. Did anyone in your household attempt to commit suicide?
 Yes No
- 30a. Did anyone in your household ever go to prison?
 Yes No
- 30b. Did anyone in your household ever commit a serious crime?
 Yes No
- 31a. What is the most you have ever weighed?
 Weight in pounds: _____
- 31b. How old were you then?
 Age: _____
- 32a. Have you ever attempted to commit suicide?
 Yes No
- 32b. If "Yes": how old were you the first time you attempted suicide?
 Age: _____
- 32c. If "Yes": how old were you the last time you attempted suicide?
 Age: _____
- 32d. How many times have you attempted suicide?
 Number of times: _____
- 32e. Did any suicide attempt ever result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?
 Yes No
- In order to get a more complete picture of the health of our patients, the next three questions are about voluntary sexual experiences only.*
- 33a. How old were you the first time you had sexual intercourse?
 Age: _____
 Never had intercourse
- 33b. With how many different partners have you ever had sexual intercourse?
 Number of partners: _____
- 33c. During the past year, with how many different partners have you had sexual intercourse?
 Number of partners: _____
- 34a. Have you ever gotten someone pregnant?
 Yes No
- 34b. If "Yes": how old were you the first time you got someone pregnant?
 Age: _____
 Never got someone pregnant
- 34c. What was the age of the youngest woman you ever got pregnant?
 Age: _____
 Never got someone pregnant
- 34d. How old were you then?
 Age: _____



Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did your father (or stepfather) or mother's boyfriend do any of these things to your mother (or stepmother)?

- 35a. Push, grab, slap or throw something at her?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 35b. Kick, bite, hit her with a fist, or hit her with something hard?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 35c. Repeatedly hit her over at least a few minutes?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 35d. Threaten her with a knife or gun, or use a knife or gun to hurt her?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

Some parents spank their children as a form of discipline. While you were growing up during the first 18 years of life:

- 36a. How often were you spanked?
- | | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| Never | <input type="checkbox"/> | Many times a year | <input type="checkbox"/> |
| Once or twice | <input type="checkbox"/> | Weekly or more | <input type="checkbox"/> |
| A few times a year | <input type="checkbox"/> | | |

- 36b. How severely were you spanked?
- | | | | |
|---------------|--------------------------|------------|--------------------------|
| Not hard | <input type="checkbox"/> | Quite hard | <input type="checkbox"/> |
| A little hard | <input type="checkbox"/> | Very Hard | <input type="checkbox"/> |
| Medium | <input type="checkbox"/> | | |

- 36c. How old were you the last time you remember being spanked?

Age: _____

While you were growing up, during the first 18 years of life, how true were each of the following statements:

37. You didn't have enough to eat.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |
38. You knew there was someone to take care of you and protect you.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

39. People in your family called you things like "lazy" or "ugly".
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

40. Your parents were too drunk or high to take care of the family.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

41. There was someone in your family who helped you feel important or special.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

42. You had to wear dirty clothes.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

43. You felt loved.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

44. You thought your parents wished you had never been born.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

45. People in your family looked out for each other.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

46. You felt that someone in your family hated you.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

47. People in your family said hurtful or insulting things to you.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

48. People in your family felt close to each other.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

49. You believe you were emotionally abused.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

50. There was someone to take you to the doctor if you needed it.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

51. Your family was a source of strength and support.
- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Never true | <input type="checkbox"/> | Often true | <input type="checkbox"/> |
| Rarely true | <input type="checkbox"/> | Very often true | <input type="checkbox"/> |
| Sometimes true | <input type="checkbox"/> | | |

Sometimes parents or other adults hurt children. While you were growing up, that is, during your first 18 years of life, how often did a parent, stepparent, or adult living in your home:

- 52a. Swear at you, insult you, or put you down?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 52b. Threaten to hit you or throw something at you, but didn't do it?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 52c. Actually push, grab, shove, slap, or throw something at you?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 52d. Hit you so hard that you had marks or were injured?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

- 52e. Act in a way that made you afraid that you might be physically hurt?
- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Never | <input type="checkbox"/> | Often | <input type="checkbox"/> |
| Once, twice | <input type="checkbox"/> | Very often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | | |

Please continue to the next page



Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or someone at least five years older than themselves. These experiences may have involved a relative, family friend, or stranger. During the first 18 years of life, did an adult or older relative, family friend, or stranger ever:

	The first time this happened, how old were you?	The first time, did this happen against your wishes?	The last time this happened, how old were you?	About how many times did this happen to you?	How many different people did this to you?	What was the sex of the person(s) who did this?	
53a. Touch or fondle your body in a sexual way? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male	Female Both
54a. Have you touch their body in a sexual way? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male	Female Both
55a. Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male	Female Both
56a. Actually have any type of sexual intercourse (oral, anal or vaginal) with you? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male	Female Both

If you answered "No" to each of the last 4 questions (53a-56a) about sexual experiences with older persons, please skip to question 61a.

Did any of these sexual experiences with an adult or person at least 5 years older than you involve:

- 57a. A relative who lived in your home? Yes No
- 57b. A non-relative who lived in your home? Yes No
- 57c. A relative who didn't live in your home? Yes No
- 57d. A family friend or person whom you knew and who didn't live in your home? Yes No
- 57e. A stranger? Yes No
- 57f. Someone who was supposed to be taking care of you? Yes No
- 57g. Someone you trusted? Yes No

Did any of these sexual experiences involve:

- 58a. Trickery, verbal persuasion, or pressure to get you to participate? Yes No
- 58b. Being given alcohol or drugs? Yes No
- 58c. Threats to harm you if you didn't participate? Yes No

58d. Being physically forced or over-powered to make you participate? Yes No

59a. Have you ever told a doctor, nurse, or other health professional about these sexual experiences? Yes No

59b. Has a therapist or counselor ever suggested to you that you were sexually abused as a child? Yes No

60. Do you think that you were sexually abused as a child? Yes No

Apart from other sexual experiences you have already told us about, while you were growing up during your first 18 years of life:

61a. Did a boy or group of boys about your own age ever force you or threaten you with harm in order to have sexual contact? Yes No

61b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral or anal)? Yes No

61c. If "Yes": how many times did someone do this to you?
Once, 6-10 times
Twice More than
3-5 times 10 times

61d. Did the contact involve a person actually having intercourse with you (oral or anal)? Yes No

61e. If "Yes": how many times did someone do this to you?

Once, 6-10 times
Twice More than
3-5 times 10 times

62a. As an adult (age 19 or older), did anyone ever force or threaten you with harm in order to have sexual contact? Yes No

62b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, or vaginal)? Yes No

62c. If "Yes": how many times did someone do this to you?

Once, 6-10 times
Twice More than
3-5 times 10 times

62d. Did the contact involve someone actually having intercourse with you (oral, anal, or vaginal)? Yes No

62e. If "Yes": how many times did someone do this to you?

Once, 6-10 times
Twice More than
3-5 times 10 times

Thank you for completing this form in ink.

Please go back and make sure your answer marks fill the correct box.

If you are unsure about any of your answers or would like to talk to someone privately, please tell your medical examiner.