



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: _____
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
12. Have you ever been pregnant?
Yes No
If NO, skip to item 16
- 13a. Are you pregnant now?
Yes No Don't know
- 13b. How many times have you been pregnant?
Number: _____
- 13c. How many of these pregnancies resulted in the birth of a child?
Number: _____
- 13d. How old were you the first time you became pregnant?
Age: _____

- 13e. The first time you became pregnant, how old was the person who got you pregnant?
Age: _____
- 13f. During what month and year did your first pregnancy end?
Month _____ Year _____
- 13g. How did your first pregnancy end?
Live birth(s)
Stillbirth/miscarriage
Tubal or ectopic
Elective abortion
Other
- 13h. When your first pregnancy began, did you intend to get pregnant at that time in your life?
Yes No Didn't care
14. Were you ever pregnant a 2nd time?
Yes No
If NO, skip to item 16
- 15a. During what month and year did your second pregnancy end?
Month _____ Year _____
- 15b. How did your second pregnancy end?
Live birth(s)
Stillbirth/miscarriage
Tubal or ectopic
Elective abortion
Other
- 15c. When your second pregnancy began, did you intend to get pregnant at that time in your life?
Yes No Didn't care

In order to get a more complete picture of the health of our patients, the next three questions are about voluntary sexual experiences only.

16. How old were you the first time you had sexual intercourse?
Age: _____
Never had intercourse
17. With how many different partners have you ever had sexual intercourse?
Number of partners: _____
18. During the past year, with how many different partners have you had sexual intercourse?
number of partners: _____

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



- 19a. Have you smoked at least 100 cigarettes in your entire life?
 Yes No
- 19b. How old were you when you began to smoke cigarettes fairly regularly?
 Age: _____
- 20c. Do you smoke cigarettes now?
 Yes No
- 20d. 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:

- 21a. About how many cigarettes a day did you smoke?
 Number of cigarettes: _____
- 21b. How old were you when you quit?
 Age: _____

During your first 18 years of life:

- 22a. Did your father smoke?
 Yes No
- 22b. Did your mother smoke?
 Yes No
- 23a. 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
- 23b. 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

- 24a. What is the most you have ever weighed?
 Weight in pounds: _____

- 24b. How old were you then?
 Age: _____

- 25a. 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?

- 25b1. Age 19-29
 None 7-13/week
 less than 6/week 14 or more/week

- 25b2. Age 30-39
 None 7-13/week
 less than 6/week 14 or more/week

- 25b3. Age 40-49
 None 7-13/week
 less than 6/week 14 or more/week

- 25b4. Age 50 and older
 None 7-13/week
 less than 6/week 14 or more/week

- 25c. During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?
 Yes No

- 25d. 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

- 25e. 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

- 25f. 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: _____

- 25g. During the past month, how many times have you driven when you've had perhaps too much to drink?
 Number of times: _____

- 25h. 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: _____

26. Have you ever had a problem with your use of alcohol?
 Yes No

27. Have you ever considered yourself to be an alcoholic?
 Yes No

- 28a. During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?
 Yes No

- 28b. If "Yes": check all who were:
 Father Other Relative
 Mother Other non-relative
 Brothers Sisters

29. 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

- 30a. Have you ever used street drugs?
 Yes No

- 30b. If "Yes": How old were you the first time you used them?
 Age: _____

- 30c. About how many times have you used street drugs?
 0 1-2 3-10 11-25
 26-99 100+

- 30d. Have you ever had a problem with your use of street drugs?
 Yes No

- 30e. Have you ever considered yourself to be addicted to street drugs?
 Yes No

- 30f. Have you ever injected street drugs?
 Yes No

31. Have you ever been under the care of a psychologist, psychiatrist, or therapist?
 Yes No

- 32a. Has a doctor, nurse, or other health professional ever asked you about family or household problems during your childhood?
 Yes No

- 32b. 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

During your first 18 years of life:

33. Did you live with anyone who used street drugs?
 Yes No

- 34a. Were your parents ever separated or divorced?
 Yes No

- 34b. Did you ever live with a stepfather?
 Yes No

- 34c. Did you ever live with a stepmother?
 Yes No

35. Did you ever live in a foster home?
 Yes No

- 36a. Did you ever run away from home for more than one day?
 Yes No

- 36b. Did any of your brothers or sisters run away from home for more than one day?
 Yes No

37. Was anyone in your household depressed or mentally ill?
 Yes No



38. Did anyone in your household attempt to commit suicide?
 Yes No
- 39a. Did anyone in your household ever go to prison?
 Yes No
- 39b. Did anyone in your household ever commit a serious crime?
 Yes No
- 40a. Have you ever attempted to commit suicide?
 Yes No
- 40b. If "Yes": how old were you the first time you attempted suicide?
 Age: _____
- 40c. If "Yes": how old were you the last time you attempted suicide?
 Age: _____
- 40d. How many times have you attempted suicide?
 Number of times: _____
- 40e. Did any suicide attempt ever result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?
 Yes No

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)?

- 41a. Push, grab, slap or throw something at her?
 Never Often
 Once, twice Very often
 Sometimes
- 41b. Kick, bite, hit her with a fist, or hit her with something hard?
 Never Often
 Once, twice Very often
 Sometimes
- 41c. Repeatedly hit her over at least a few minutes?
 Never Often
 Once, twice Very often
 Sometimes
- 41d. Threaten her with a knife or gun, or use a knife or gun to hurt her?
 Never Often
 Once, twice Very often
 Sometimes

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

- 42a. How often were you spanked?
 Never Many times a year
 Once or twice Weekly or more
 A few times a year

- 42b. How severely were you spanked?
 Not hard Quite hard
 A little hard Very Hard
 Medium

- 42c. How old were you the last time you remember being spanked?
 Age: _____

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

43. You didn't have enough to eat.
 Never true Often true
 Rarely true Very often true
 Sometimes true
44. You knew there was someone to take care of you and protect you.
 Never true Often true
 Rarely true Very often true
 Sometimes true
45. People in your family called you things like "lazy" or "ugly".
 Never true Often true
 Rarely true Very often true
 Sometimes true
46. Your parents were too drunk or high to take care of the family.
 Never true Often true
 Rarely true Very often true
 Sometimes true
47. There was someone in your family who helped you feel important or special.
 Never true Often true
 Rarely true Very often true
 Sometimes true
48. You had to wear dirty clothes.
 Never true Often true
 Rarely true Very often true
 Sometimes true
49. You felt loved.
 Never true Often true
 Rarely true Very often true
 Sometimes true
50. You thought your parents wished you had never been born.
 Never true Often true
 Rarely true Very often true
 Sometimes true
51. People in your family looked out for each other.
 Never true Often true
 Rarely true Very often true
 Sometimes true
52. You felt that someone in your family hated you.
 Never true Often true
 Rarely true Very often true
 Sometimes true

53. People in your family said hurtful or insulting things to you.
 Never true Often true
 Rarely true Very often true
 Sometimes true

54. People in your family felt close to each other.
 Never true Often true
 Rarely true Very often true
 Sometimes true

55. You believe you were emotionally abused.
 Never true Often true
 Rarely true Very often true
 Sometimes true

56. There was someone to take you to the doctor if you needed it.
 Never true Often true
 Rarely true Very often true
 Sometimes true

57. Your family was a source of strength and support.
 Never true Often true
 Rarely true Very often true
 Sometimes true

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:

- 58a. Swear at you, insult you, or put you down?
 Never Often
 Once, twice Very often
 Sometimes

- 58b. Threaten to hit you or throw something at you, but didn't do it?
 Never Often
 Once, twice Very often
 Sometimes

- 58c. Actually push, grab, shove, slap, or throw something at you?
 Never Often
 Once, twice Very often
 Sometimes

- 58d. Hit you so hard that you had marks or were injured?
 Never Often
 Once, twice Very often
 Sometimes

- 58e. Act in a way that made you afraid that you might be physically hurt?
 Never Often
 Once, twice Very often
 Sometimes



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?	
59a. 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
60a. 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
61a. 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
62a. 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 (59a-62a) about sexual experiences with older persons, please skip to question 67a.

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

- 63a. A relative who lived in your home? Yes No
- 63b. A non-relative who lived in your home? Yes No
- 63c. A relative who didn't live in your home? Yes No
- 63d. A family friend or person whom you knew and who didn't live in your home? Yes No
- 63e. A stranger? Yes No
- 63f. Someone who was supposed to be taking care of you? Yes No
- 63g. Someone you trusted? Yes No

Did any of these sexual experiences involve:

- 64a. Trickery, verbal persuasion, or pressure to get you to participate? Yes No
- 64b. Being given alcohol or drugs? Yes No
- 64c. Threats to harm you if you didn't participate? Yes No

64d. Being physically forced or over-powered to make you participate? Yes No

65a. Have you ever told a doctor, nurse, or other health professional about these sexual experiences? Yes No

65b. Has a therapist or counselor ever suggested to you that you were sexually abused as a child? Yes No

66. 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:

67a. 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

67b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal or vaginal)? Yes No

67c. If "Yes": how many times did someone do this to you?
Once, 6-10 times
Twice More than
3-5 times 10 times

67d. Did the contact involve a person actually having intercourse with you (oral, anal, or vaginal)? Yes No

67e. If "Yes": how many times did someone do this to you?

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

68a. As an adult (age 19 or older), did anyone ever force or threaten you with harm in order to have sexual contact? Yes No

68b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, or vaginal)? Yes No

68c. If "Yes": how many times did someone do this to you?

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

68d. Did the contact involve someone actually having intercourse with you (oral, anal, or vaginal)? Yes No

68e. 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.