SECTION K: LIFE EVENT HISTORY

K1. (HAND R "LIFE EVENTS" CARD) The next questions are about extremely stressful or upsetting events. As I go through the list, please tell me which events ever happened to you.

| **EVENT** | K2. Did it happen in the last 12 months? | K3. How old were you when it first happened? |
|---|---|---|
| 1. Were you ever involved in a **life-threatening accident**? 1. YES → / 5. NO ↓ | 1. YES / 5. NO → | _____ AGE |
| 2. Were you ever involved in a fire, flood, or other **natural disaster**? 1. YES → / 5. NO ↓ | 1. YES / 5. NO → | _____ AGE |
| 3. Did you ever **witness someone being badly injured or killed**? 1. YES → / 5. NO ↓ | 1. YES / 5. NO → | _____ AGE |
| 4. Were you ever **forced to have sex or raped** by a stranger or someone you knew? 1. YES → / 5. NO ↓ | 1. YES / 5. NO → | _____ AGE |

| EVENT | K2. Did it happen in the last 12 months? | K3. How old were you when it first happened? |
|---|---|---|
| 5. As an adult or child, were you ever **sexually molested or sexually abused** by a stranger or someone you knew?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____ AGE |
| 6. Were you ever seriously **physically attacked or assaulted**, either by a stranger or someone you knew?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____ AGE |
| 7. Have you ever been **threatened with a weapon, held captive or kidnapped,** either by a stranger or by someone you knew?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____ AGE |

| **EVENT** | K2. Did it happen in the last 12 months? | K3. How old were you when it first happened? |
|---|---|---|
| 8. The next question is about the **SUDDEN, UNEXPECTED DEATH** of a close friend or relative. Everyone experiences the death of a loved one sometime in their life, but not everyone experiences a SUDDEN, UNEXPECTED death, such as a loved one being killed, committing suicide, dying in an accident, or dying of a heart attack at an early age. Have you ever experienced this type of SUDDEN, UNEXPECTED death of a close friend or relative?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |
| 9. Were you ever diagnosed with a **life-threatening illness**?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |
| 10. While growing up, were you **physically punished or abused** in a way that could result in bruises, burns, cuts, or other injuries?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |

| EVENT | K2. Did it happen in the last 12 months? | K3. How old were you when it first happened? |
|---|---|---|
| 11. While growing up, were you **seriously neglected** by your parents or other adults raising you?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |
| 12. While growing up, did you **see or hear family violence** such as your father hitting you mother, or any family member beating up or inflicting bruises, burns, cuts, or other injuries on another family member?<br>1. YES →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |
| 13. Have you ever **suffered a great shock** because one of the events on the list happened to someone close to you?<br>1. YES ↓<br>K1(13)x. Please describe that event.<br>_____<br>_____<br>_____ →<br>5. NO ↓ | 1. YES<br>5. NO → | _____<br>AGE |

| **EVENT** | K2. Did it happen in the last 12 months? | K3. How old were you when it first happened? |
|---|---|---|
| 14. Have you ever experienced any **other extremely stressful or upsetting event**?<br>1. YES → K1(14)x. Please describe that event. _____ _____ _____<br>5. NO | 1. YES<br>5. NO | _____ AGE |

K4. INTERVIEWER CHECKPOINT

- ☐ 1. ONE YES RESPONSE IN K1(1)–K1(14) → NEXT PAGE, K6a
- ☐ 2. TWO OR MORE YES RESPONSES IN K1(1)–K1(14)
- ☐ 3. ALL OTHERS → TURN TO P. 135, SECTION M

NEXT PAGE, K5

K5. Which of the experiences on the list was **most** upsetting for you? (You can just tell me the number.)

- ☐ 01. LIFE-THREATENING ACCIDENT
- ☐ 02. FIRE, FLOOD, NATURAL DISASTER
- ☐ 03. WITNESSED BAD INJURY/DEATH
- ☐ 04. RAPED
- ☐ 05. SEXUALLY MOLESTED OR SEXUALLY ABUSED
- ☐ 06. PHYSICAL ATTACK/ASSAULT BY STRANGER/SOMEONE YOU KNEW
- ☐ 07. THREATENED WITH WEAPON, HELD CAPTIVE, OR KIDNAPPED
- ☐ 08. SUDDEN UNEXPECTED DEATH OF CLOSE FRIEND/RELATIVE
- ☐ 09. LIFE THREATENING ILLNESS
- ☐ 10. PHYSICALLY ABUSED AS A CHILD
- ☐ 11. SERIOUSLY NEGLECTED AS A CHILD
- ☐ 12. SEE OR HEAR FAMILY VIOLENCE AS A CHILD
- ☐ 13. SUFFERED A GREAT SHOCK
- ☐ 14. OTHER(S)

| | |
|---|---|
| **K6a.** You experienced one of the events on the list. The next few questions are about how you felt <u>during</u> that experience. | K6b. The next few questions are about how you felt <u>during</u> that experience. |

K6c. When (event) happened did you feel terrified?

| 1. YES | 5. NO |
|---|---|

K6d. When (event) happened, did you feel helpless?

| 1. YES | 5. NO |
|---|---|

The next few questions are about how you felt after that experience.

| | YES (1) | NO (5) | DON'T KNOW (8) |
|---|---|---|---|
| K7. First, did you keep remembering the event when you did not want to? | | | |
| K8. Did you keep having bad dreams or nightmares about it afterwards? | | | |
| K9. Did you ever suddenly act or feel as though the event was happening again, even though it wasn't? | | | |
| K10. Did you ever get very upset when you were in a situation that reminded you of it? | | | |
| K11. Did you sweat or did your heart beat fast, or did you tremble when reminded of the upsetting experience? | | | |

K12. INTERVIEWER CHECKPOINT

☐ 1. **ONE OR MORE** YES RESPONSES IN K7–K11

☐ 2. ALL OTHERS → TURN TO P.135, SECTION M

K12a. Did (this reaction/any of these reactions) happen during the past 12 months?

1. YES 5. NO

K12b. Did you ever have (this reaction/any of these reactions) a few times a week for at least a month because of this experience?

1. YES 5. NO

| | YES (1) | NO (5) | DON'T KNOW (8) |
|---|---|---|---|
| K13. After the experience, did you find you had more difficulty experiencing normal feelings such as love or affection towards other people? | | | |
| K14. Did you go out of your way to avoid activities, places, or people that might remind you of the event? | | | |
| K15. Did you try hard not to think or talk about it? | | | |
| K16. Did you develop a memory blank so that you could not remember certain things about the event? | | | |
| K17. Did you feel isolated or distant from other people afterwards? | | | |
| K18. Did you begin to feel that there was no point in thinking about the future? | | | |
| K19. Did you lose interest in doing things that used to be important to you? | | | |

K20. INTERVIEWER CHECKPOINT

☐ 1. **THREE OR MORE** YES RESPONSES IN K13-K19

☐ 2. ALL OTHERS → TURN TO P.135, SECTION M

K20a. Did any of these reactions happen during the past 12 months?

1. YES 5. NO

K20b. Did you ever have any of these reactions a few times a week for at least a month because of this experience?

1. YES 5. NO

| | YES (1) | NO (5) | DON'T KNOW (8) |
|---|---|---|---|
| K21. After the experience, did you have more trouble concentrating than is usual for you? | | | |
| K22. Did you act unusually irritable or lose your temper a lot more than is usual for you? | | | |
| K23. Did you have more trouble sleeping than is usual for you? | | | |
| K24. Did you become overly concerned about danger or overly careful? | | | |
| K25. Did you become jumpy or easily startled by ordinary noises or movements? | | | |

K26. INTERVIEWER CHECKPOINT

☐ 1. **TWO OR MORE** YES RESPONSES IN K21–K25

☐ 2. ALL OTHERS → TURN TO P.135, SECTION M

K26a. Did any of these reactions happen during the past 12 months?

1. YES 5. NO

K26b. Did you <u>ever</u> have any of these reactions <u>a few times a week</u> for at least a month because of this experience?

1. YES 5. NO

K27. Did you tell a doctor or any other professional about the reactions that occurred as a result of this experience?

| 1. YES | 5. NO |
|---|---|

K28. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as result of it?

| 1. YES | 5. NO |
|---|---|

K29. Did the problems which occurred as a result of it interfere with your life or activities a lot?

| 1. YES | 5. NO |
|---|---|

K30. Have you ever been very upset with yourself for having the problems which occurred as a result of this experience?

| 1. YES | 5. NO |
|---|---|

K31. Have the problems which occurred as a result of this experience ever kept you from going to a party, social event or meeting?

| 1. YES | 5. NO |
|---|---|