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?
1. Were you ever involved in a **life-threatening accident**? 1. YES → 5. NO ↓	1. YES 5. NO
2. Were you ever involved in a fire, flood, or other **natural disaster**? 1. YES → 5. NO ↓ →	1. YES 5. NO
3. Did yo[illegible] **someone being badly injured or killed**? 1. [illegible] 5. NO ↓	1. YES 5. NO
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
5. As an adult or child, were you ever **sexually molested or sexually abused** by a stranger or someone you knew? 1. YES → 5. NO ↓	1. YES 5. NO

1. YES →

5. NO ↓

EVENT	K2. Did it happen in the last 12 months?
6. Were you ever seriously **physically attacked or assaulted**, either by a stranger or someone you knew?	1. YES 5. NO
7. Have you ever been **threatened with a weapon, held captive or kidnapped**, either by a stranger or by someone you knew? 1. YES → 5. NO ↓ 1. YES →	1. YES 5. NO
8. The next question is about the **SUDDEN, UNEXPECTED DEATH** 5. NO ↓ riend 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?	1. YES 5. NO
9. Were you ever diagnosed with a **life-threatening illness**? 1. YES → 5. NO ↓	1. YES 5. NO

EVENT	K2. Did it happen in the last 12 months?
10. While growing up, were you **physically punished or abused** in a way that could result in bruises, burns, cuts, or other injuries? 1. YES 5. NO	
11. While g[illegible], were you **seriously neglected** by your parents [illegible]dults raising you? 1. YES	
12. While growing up, did you **see or hear family violence** such as yo[illegible]tting your mother, or any family member beating up or inflicting bruises, burns, cuts, or other injuries on another family member? 1. YES	
13. Have you ever **suffered a great shock** because one of the events on the list happened to someone close to you? 1. YES K1(13)x. Please describe that event. _____ _____ 5. NO	1. YES 5. NO

5. NO

EVENT	K2. Did it happen in the last 12 months?
14. Have you ever experienced any **other extremely stressful or upsetting event**? 1. YES K1(14)x. Please describe that event. _____ _____ 5. NO	1. YES 5. NO

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. 134, 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 during that experience.	K6b. The next few questions are about how you felt during 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. 134, 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. <u>THREE</u> OR MORE YES RESPONSES IN K13-K19**

☐ **2. ALL OTHERS → TURN TO P. 134, SECTION M**

K20a. Did (this reaction/any of these reactions) happen during the past 12 months?

1. YES 5. NO

K20b. Did you <u>ever</u> have (this reaction/any of these reactions) <u>a few times a week</u> 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. <u>TWO</u> OR MORE YES RESPONSES IN K21-K25**

☐ **2. ALL OTHERS → TURN TO P. 134, SECTION M**

K26a. Did (this reaction/any of these reactions) happen during the past 12 months?

1. YES 5. NO

K26b. Did you <u>ever</u> have (this reaction/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