

CHILDHOOD EXPERIENCES SURVEY: ADULT VERSION

All of the following questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age ...

	Never	Rarely	Sometimes	Often	Very often
1. As a child, how often did your family experience serious financial problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often were you hungry because your family could not afford food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often were you homeless when you were growing up? (Note: This means having to stay somewhere like a transitional housing program, a shelter, a hotel/motel paid by voucher, someone else's home, a car or other vehicle, an abandoned building, anywhere outside, or anywhere else not meant for people to live).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often were you bullied or severely teased by other children or adolescents? (Note: This refers to bullying or teasing by children or adolescents of any age. They could have been older than you, younger than you, or the same age. It does not include experiences with adults or with siblings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Before age 18, how often was there an adult in your household who tried hard to make sure your basic needs were met? By "basic needs" we mean food, shelter, clothing, and medical care. (Note: This could be any adult in the household, not just a parent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often was there an adult in your household who made you feel safe and protected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<b>Never</b>		<b>Once</b>	<b>More than once</b>
8. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9. How often did your parents or adults in your home ever slap, hit, beat, kick, or physically hurt each other?		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10. How often did an adult, or anyone at least 5 years older than you, touch you sexually, try to make you touch them sexually, or force you to have sex?		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
					<b>Yes No</b>
11. Did you live with anyone who was depressed, mentally ill, or suicidal?					<input type="radio"/> <input type="radio"/>
12. Did you live with anyone who was a problem drinker or alcoholic?					<input type="radio"/> <input type="radio"/>
13. Did you live with anyone who used illegal street drugs or who abused prescription medications?					<input type="radio"/> <input type="radio"/>
14. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?					<input type="radio"/> <input type="radio"/>
15. Were your parents separated or divorced?					<input type="radio"/> <input type="radio"/>
16. Was either one of your parents absent from your life for a long period of time? Do not include absence due to death of parent.					<input type="radio"/> <input type="radio"/>
17. Before age 18, did you experience the death of a parent, caregiver, or sibling?					<input type="radio"/> <input type="radio"/>
18. Before age 18, were you ever the victim of a violent crime? This refers to any violent act that was perpetrated by someone other than a parent or household family member.					<input type="radio"/> <input type="radio"/>
	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very</b>	<b>Extremely</b>
19. Overall, how uncomfortable did you feel answering the questions on this survey?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>