

## LIFETIME EXPERIENCES SURVEY

The following questions ask about difficult events you may have experienced in your lifetime.

	Yes	No
1. <b>As a <u>child</u></b> , 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"/>
2. <b>As a <u>child</u></b> , did your parents or adults in your home ever slap, hit, beat, kick, or physically hurt each other?	<input type="radio"/>	<input type="radio"/>
3. <b>As a <u>child</u></b> , did an adult or anyone at least 5 years older than you ever touch you sexually, try to make you touch them sexually, or force you to have sex?	<input type="radio"/>	<input type="radio"/>
4. <b>As a <u>child</u></b> , were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>
5. <b>As a <u>child</u></b> , was either one of your parents absent from your life for a long period of time?	<input type="radio"/>	<input type="radio"/>
6. <b>As an <u>adult</u></b> , have you been hit, beat, kicked, or physically hurt by a partner or spouse?	<input type="radio"/>	<input type="radio"/>
7. <b>As an <u>adult</u></b> , has anyone ever forced you to have sexual activities?	<input type="radio"/>	<input type="radio"/>
8. <b>In your <u>lifetime</u></b> , has a parent/caregiver or partner/spouse of yours ever been a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
9. <b>In your <u>lifetime</u></b> , has a parent/caregiver or partner/spouse of yours ever used illegal drugs or abused prescription medications?	<input type="radio"/>	<input type="radio"/>
10. <b>In your <u>lifetime</u></b> , has a parent/caregiver or partner/spouse of yours ever been depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
11. <b>In your <u>lifetime</u></b> , has a parent/caregiver or partner/spouse of yours ever been to prison or jail?	<input type="radio"/>	<input type="radio"/>
12. <b>In your <u>lifetime</u></b> , have you ever been the victim of a violent crime* such as armed robbery or physical assault?	<input type="radio"/>	<input type="radio"/>

*\*Violent crime refers to a violent act by someone other than a spouse, partner or household family member. Do not include sexual violence.*

	Never	Rarely	Sometimes	Often	Very Often
13. <b>As a <u>child</u></b> , how often did a parent/caregiver 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"/>
14. <b>As an <u>adult</u></b> , how often has a spouse/partner ever screamed at you or threatened you with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. <b>In your <u>lifetime</u></b> , how often have you felt that you have been discriminated against or treated unfairly because of race, gender or other personal characteristics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. <b>In your <u>lifetime</u></b> , how often have you been hungry because your family could not afford food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. <b>In your <u>lifetime</u></b> , how often have you been <b>homeless</b> *?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\*Homeless 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.*

For further information about this measure, contact: Dr. Joshua Mersky (mersky@uwm.edu) or Dr. James Topitzes (topitzes@uwm.edu), University of Wisconsin-Milwaukee.

## SUPPLEMENTAL QUESTIONS

	Yes	No
18. As a <b>child</b> , were you often bullied or severely teased by other children or adolescents?	<input type="radio"/>	<input type="radio"/>
19. In your <b>lifetime</b> , have you ever seen someone die suddenly or get badly hurt or killed?	<input type="radio"/>	<input type="radio"/>
20. In your <b>lifetime</b> , has a close friend or family member died suddenly?	<input type="radio"/>	<input type="radio"/>
21. In your <b>lifetime</b> , have you experienced a really bad car, boat, train, or airplane accident?	<input type="radio"/>	<input type="radio"/>
22. In your <b>lifetime</b> , have you been in a hurricane, flood, earthquake, tornado, or fire?	<input type="radio"/>	<input type="radio"/>
23. <b>During or after your child's birth</b> , did you feel that your life or your baby's life was threatened?	<input type="radio"/>	<input type="radio"/>
24. <b>Around the time of your child's birth</b> , did you or your baby experience an actual injury or threat of serious injury?	<input type="radio"/>	<input type="radio"/>