

CATEGORY of CHILDHOOD EXPOSURE

Abuse by Category

Psychological

(Did a parent or other adult in the household ...)

Often or very often swear at, insult, or put you down? **YES** **NO**

Often or very often act in a way that made you afraid that you would be physically hurt? **YES** **NO**

Physical

(Did a parent or other adult in the household ...)

Often or very often push, grab, shove, or slap you? **YES** **NO**

Often or very often hit you so hard that you had marks or were injured? **YES** **NO**

Sexual

(Did an adult or person at least 5 years older ever ...)

Touch or fondle you in a sexual way? **YES** **NO**

Have you touch their body in a sexual way? **YES** **NO**

Attempt oral, anal, or vaginal intercourse with you? **YES** **NO**

Actually have oral, anal, or vaginal intercourse with you? **YES** **NO**

Household Dysfunction by Category

Substance abuse

Live with anyone who was a problem drinker or alcoholic? **YES** **NO**

Live with anyone who used street drugs? **YES** **NO**

Mental illness

Was a household member depressed or mentally ill? **YES** **NO**

Did a household member attempt suicide? **YES** **NO**

Mother treated violently

Was your mother (or stepmother)

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her? **YES** **NO**

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? **YES** **NO**

Ever repeatedly hit over at least a few minutes? **YES** **NO**

Ever threatened with, or hurt by, a knife or gun? **YES** **NO**

Criminal behavior in household

Did a household member go to prison? **YES** **NO**