

COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED
_____	_____	_____	_____	_____	___/___/___ mm dd yyyy
ECHO LIFE STAGE			RESPONDENT		
<input type="checkbox"/> ₀₁ Prenatal	<input type="checkbox"/> ₀₂ Perinatal	<input type="checkbox"/> ₀₁ Participant	<input type="checkbox"/> ₀₂ Biological Mother		
<input type="checkbox"/> ₀₃ Infancy	<input type="checkbox"/> ₀₄ Early Childhood	<input type="checkbox"/> ₀₃ Biological Father	<input type="checkbox"/> ₀₄ Other Respondent		
<input type="checkbox"/> ₀₅ Middle Childhood	<input type="checkbox"/> ₀₆ Adolescence			Code: __	

STAFF INSTRUCTION: This form should be completed by the 12 to 17 year old child during the adolescence life stage using the child's participant ID.

INSTRUCTIONS: Please answer each question. Your answers will be kept confidential and used for research purposes only.

1. Many children experience stressful life events while they are growing up. Please read the **seven** statements below. **Count** the number of statements that apply to you. Please **DO NOT** mark or indicate which specific statements apply to you.

At any point since you were born:

- A parent or other adult in the household **often** swore at you, insulted you, put you down, humiliated you, or acted in a way that made you afraid that you might be physically hurt.
- A parent or other adult in the household **often** pushed, grabbed, slapped, or threw something at you or **ever** hit you so hard that you had marks or were injured.
- An adult or person at least 5 years older than you **ever** touched or fondled you, had you touch their body in a sexual way, or attempted or actually had oral, anal, or vaginal intercourse with you.
- Your parents were **ever** separated or divorced.
- You lived with someone who was a problem drinker or alcoholic or who used street drugs.
- A household member was depressed, mentally ill, or attempted suicide.
- A household member went to prison.

Of the statements above, how many apply to you?

- ₀₀ 0
- ₀₁ 1
- ₀₂ 2
- ₀₃ 3
- ₀₄ 4
- ₀₅ 5 or more

At any point since you were born ...

2. Have you **often** felt that no one in your family loved you or thought you were important or special?

- ₀₁ Yes → **SKIP TO 3**
₀₂ No

a. Have you **often** felt that your family didn't look out for each other, feel close to each other, or support each other?

- ₀₁ Yes
₀₂ No

3. Have you **often** felt that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

- ₀₁ Yes → **SKIP TO 4**
₀₂ No

a. Have you **ever** felt that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

- ₀₁ Yes
₀₂ No

4. Was your mother or stepmother **often** pushed, grabbed, slapped, or had something thrown at her?

- ₀₁ Yes → **SKIP TO END**
₀₂ No

a. Was your mother or stepmother **sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?

- ₀₁ Yes → **SKIP TO END**
₀₂ No

b. Was your mother or stepmother **ever** repeatedly hit for at least a few minutes or threatened with a gun or knife?

- ₀₁ Yes
₀₂ No

Setting

- ₀₁ Clinic or site ₀₂ Phone ₀₃ Other location

Mode

- ₀₁ Self-administered ₀₂ Staff-administered