

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 primary caregiver during the early and middle childhood 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 the child. Please **DO NOT** mark or indicate which specific statements apply to the child.

At any point since the child was born:

- A parent or other adult in the household **often** swore at the child, insulted the child, put the child down, humiliated the child, or acted in a way that made the child afraid that he/she might be physically hurt.
- A parent or other adult in the household **often** pushed, grabbed, slapped, or threw something at the child or **ever** hit the child so hard that he/she had marks or was injured.
- An adult or person at least 5 years older than the child **ever** touched or fondled the child, had the child touch their body in a sexual way, or attempted or actually had oral, anal, or vaginal intercourse with the child.
- The child’s parents were **ever** separated or divorced.
- The child 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 the child?

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

At any point since the child was born ...

2. Has the child **often** felt that no one in his/her family loved him/her or thought he/she was important or special?

- ₀₁ Yes → **SKIP TO 3**
- ₀₂ No

a. Has the child **often** felt that his/her family didn't look out for each other, feel close to each other, or support each other?

- ₀₁ Yes
- ₀₂ No

3. **More than once**, has the child not had enough to eat, had to wear dirty clothes, or had no one to protect him/her?

- ₀₁ Yes
- ₀₂ No

Setting

- ₀₁ Clinic or site
- ₀₂ Phone
- ₀₃ Other location

Mode

- ₀₁ Self-administered
- ₀₂ Staff-administered