

# LIFE EXPERIENCES

## Survey

The purpose of this survey is to learn about your life experiences and how they may have shaped your health today. This survey will ask you about important events that have happened in your life. We will use the information from the survey to help build knowledge and help others in the future.

All questions on this survey refer to **your** health and life experiences. Any personal information you share will be kept strictly private. When finished, please mail the survey in the included postage-paid envelope.

### **SURVEY INSTRUCTIONS**

1. Answer all questions by marking the circle to the left or right of the answer.
2. You are sometimes told to skip over questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:  

☐ Yes → **(SKIP to QUESTION 2)**  
☒ No
3. Please call us at 1-877-215-0686 if you need help, or have any questions about this survey.

# LIFE EXPERIENCES SURVEY

For each question, please mark the circle that best represents your answer. Your answers are completely private.

## PART 1

### YOUR CHILDHOOD & EARLY LIFE

These questions tell us about your childhood and early life (age 18 and earlier). We'll ask you about your early childhood (ages 0-5), early school (6-12), and teenage years (13-18).

1 Thinking about your childhood years, who was primarily responsible for raising you? **Mark all that apply.**

When you were 0-5 years old:	When you were 6-12 years old:	When you were 13-18 years old:
<input type="radio"/> A biological parent or parents	<input type="radio"/> A biological parent or parents	<input type="radio"/> A biological parent or parents
<input type="radio"/> Relatives other than parents	<input type="radio"/> Relatives other than parents	<input type="radio"/> Relatives other than parents
<input type="radio"/> Foster parents	<input type="radio"/> Foster parents	<input type="radio"/> Foster parents
<input type="radio"/> Somebody else (tell us): _____	<input type="radio"/> Somebody else (tell us): _____	<input type="radio"/> I was mostly on my own
		<input type="radio"/> Somebody else (tell us): _____

2 These next questions ask about the **relationships and support** you had as a child. For each question, please tell us what things were like in your early childhood, early school, and teenage years:

	Early Childhood (AGES 0-5)		Early School (AGES 6-12)		Teenage Years (AGES 13-18)	
	YES	NO	YES	NO	YES	NO
Did you generally have close, supportive relationships with family and/or friends? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other than your immediate family, did you have relatives or other extended family around that you could count on? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a family member who made you feel loved, important, or special? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there an adult other than your parents who encouraged and supported you? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you generally happy during this time? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 These next questions ask about your **school years**. Tell us about your early school years (ages 6-12) and your school during your teenage years (13-18). *Remember, your answers are private.*

	Early School (AGES 6-12)		Teenage Years (AGES 13-18)	
	YES	NO	YES	NO
Did you generally struggle with schoolwork? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you ever bullied by a peer or classmate? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you drop out of school? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you take on family responsibilities, such as taking care of younger siblings or getting a job? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you involved in any organized activities, like a sports team, church, or community group? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, did you have a happy time in school? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4** These next questions ask about the **safety and security** you had as a child. *Remember, your answers are private.*

	Early Childhood (AGES 0-5)		Early School (AGES 6-12)		Teenage Years (AGES 13-18)	
	YES	NO	YES	NO	YES	NO
Were your parents or caretakers usually able to find and keep steady work? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you usually feel safe in your neighborhood? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you ever see violence (physical blows) in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you treated badly or unfairly because of your race, culture, language, sexual orientation, a disability, or other reason? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were there times when you felt like you had nobody to protect or take care of you? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were there times when you didn't have enough to eat? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you ever run away from home? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were there times when your family (or just you, if you were on your own) had no regular place to live – like living on the street or in a car – for at least a few weeks? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5** These next questions ask about the **difficult things** that may have happened to you as a child. *Remember, your answers are private.*

	Early Childhood (AGES 0-5)		Early School (AGES 6-12)		Teenage Years (AGES 13-18)	
	YES	NO	YES	NO	YES	NO
Did you have any ongoing health problems that significantly interfered with school, social, or family activities? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was a household member depressed, mentally ill, or suicidal? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did an adult in your household spend time in jail or prison? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you a problem drinker or alcoholic, or a user of street drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did an adult in your household swear at you, insult or humiliate you, or act in a way that made you afraid you might be physically hurt? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did an adult ever push, grab, slap, throw something at you, or hit you so hard you had marks or were injured? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you ever see violence (physical blows) happen to or between your parents or caregivers? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did an adult or someone much older than you ever touch or fondle you in a sexual way, OR attempt or actually have sexual intercourse with you? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6** Were your parents ever separated or divorced during your childhood (ages 0-18)?

- ☐ Yes
- ☐ No
- ☐ This doesn't apply to me

# PART 2

## YOUR ADULT LIFE

These questions tell us about your adult life. For each question, please tell us what things were like in your early adulthood (ages 19-30) and, **if you are currently over age 30**, in your later adulthood (31 and older).

**7** These next questions ask about the **relationships and support** you had as an adult.

	Early Adulthood (AGES 19-30)		Later Adulthood (AGES 31+) If applicable	
	YES	NO	YES	NO
Did you have close relationships with people you could count on? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you involved in an organized activity, such as a sports team, church, or community groups? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you generally happy during this time? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**8** These next questions ask about the **safety and security** you had as an adult. *Remember, your answers are private.*

	Early Adulthood (AGES 19-30)		Later Adulthood (AGES 31+) If applicable	
	YES	NO	YES	NO
Were you usually able to find or keep steady work? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you ever have trouble affording enough to eat? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you ever homeless? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you treated badly or unfairly because of your race, culture, language, sexual orientation, a disability, or other reason? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9** These next questions ask about the **difficult things** that may have happened to you as an adult. *Remember, your answers are private.*

	Early Adulthood (AGES 19-30)		Later Adulthood (AGES 31+) If applicable	
	YES	NO	YES	NO
Were you a problem drinker, alcoholic, or user of street drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you slapped, hit, kicked, punched, or beat up by a partner or loved one? .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you slapped, hit, kicked, punched, or beat up by a stranger? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did anyone ever threaten to harm you in order to have sexual contact, or force you into sexual contact? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a partner or loved one ever swear at you, insult you, or put you down? . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you ever seriously injured in any type of accident that you didn't fully recover from? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did <b>you</b> slap, hit, kick, punch, or beat up a partner or loved one? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10** These questions tell us about any **legal difficulties** you might have had in your life. *Remember, your answers are private.*

Have you ever been arrested?	Have you ever been in jail?	Have you ever been in prison?
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Yes 	<input type="radio"/> Yes	<input type="radio"/> Yes 
How old were you the first time you were arrested? _____		About how many total years have you spent in prison? _____

# PART 3

## HOW YOU'RE DOING NOW

These questions tell us about how things are going for you now (over the last 12 months).

- 11** In the last 12 months, have you or someone in your household had to **go without** any of the following when it was really needed because you were having trouble making ends meet?

	Yes	No
Food . . . . .	<input type="radio"/>	<input type="radio"/>
Utilities . . . . .	<input type="radio"/>	<input type="radio"/>
Transportation . . . . .	<input type="radio"/>	<input type="radio"/>
Clothing . . . . .	<input type="radio"/>	<input type="radio"/>
Stable Housing or Shelter . . . . .	<input type="radio"/>	<input type="radio"/>
Medical Care . . . . .	<input type="radio"/>	<input type="radio"/>
Medicine . . . . .	<input type="radio"/>	<input type="radio"/>
Child Care . . . . .	<input type="radio"/>	<input type="radio"/>

- 12** In the last 12 months, how often have you had to struggle to make ends meet?

- ☐ All of the last 12 months
- ☐ Most of the last 12 months
- ☐ Some of the last 12 months
- ☐ None of the last 12 months

- 13** In the last 12 months, which of the following best describes your housing situation? **Mark all that apply.**

- ☐ I have housing of my own, and I'm NOT worried about losing it
- ☐ I have housing of my own, but I AM worried about losing it
- ☐ I'm staying in a hotel, or with friends or family
- ☐ I'm staying in a shelter, in a car, or on the street
- ☐ Something else (tell us): \_\_\_\_\_

- 14** In the last 12 months, have you been an active member of any of these groups or organizations? **Mark all that apply.**

- ☐ Church, temple, mosque, or other religious group
- ☐ Civic, political, service, or other community organization
- ☐ Recreational or sports club
- ☐ Educational or school group
- ☐ Any other organization (tell us): \_\_\_\_\_

- 15** These questions are about the support you have in your life. For the following questions, please mark how often in the last 12 months you think you would have someone available to:

	None of the time	Some of the time	Most of the time	All of the time
Love you and make you feel wanted? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you good advice about a crisis? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get together with for relaxation? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confide in or talk to about your problems? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you if you were confined to a bed? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 16** Thinking about the last 12 months, please tell us about the neighborhood where you lived:

	Strongly Agree	Agree	Disagree	Strongly Disagree
People in my neighborhood are willing to help each other . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood can be trusted . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on adults in my neighborhood to watch out that children are safe and don't get in trouble . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my neighborhood . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PART 4

### YOUR HEALTH & HEALTH CARE

*These questions tell us about your current health, how you are feeling, and any health care you have been getting in the last year.*

- 17** In general, how would you rate your overall physical health?
- ☐ Excellent
  - ☐ Very good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
- 18** In general, how would you rate your overall mental or emotional health?
- ☐ Excellent
  - ☐ Very good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
- 19** Does a physical, mental or emotional health problem now limit your ability to work at a job or business?
- ☐ Yes
  - ☐ No
- 20** In the last year, about how often did you have six or more drinks on one occasion? *A drink is one 12 ounce beer, one 5 ounce glass of wine, or one shot of liquor. Remember, your answers are private.*
- ☐ Never
  - ☐ Less than monthly
  - ☐ Monthly
  - ☐ Weekly
  - ☐ Daily or almost daily
- 21** In the last year, about how often did you smoke pot or use another drug for non-medical reasons? *Remember, your answers are private.*
- ☐ Never
  - ☐ Less than monthly
  - ☐ Monthly
  - ☐ Weekly
  - ☐ Daily or almost daily

- 22** Do you have one person you think of as your personal doctor or health care provider?
- ☐ Yes
  - ☐ No → **(SKIP to QUESTION 24)**

- 23** All things considered, how much do you trust your doctor?
- ☐ A lot
  - ☐ Somewhat
  - ☐ Not at all

## PART 5

### ABOUT YOU & YOUR FAMILY

*These questions tell us more about you and your family.*

- 24** Are you male or female?
- ☐ Male ☐ Female
- 25** What year were you born? **19**\_\_\_\_\_
- 26** How many siblings did you have growing up (ages 0-18)?
- ↳ \_\_\_\_\_ siblings
- 27** What is the highest level of education you have completed? **Mark only one.**
- ☐ Less than high school
  - ☐ High school diploma
  - ☐ GED or a high school equivalent
  - ☐ Some college
  - ☐ Vocational training or 2-year degree
  - ☐ A 4-year college degree or more
- 28** Would you describe yourself as being of Hispanic or Latino/a origin or descent?
- ☐ Yes, Hispanic or Latino/a
  - ☐ No, not Hispanic or Latino/a
- 29** How would you describe your race? **Mark all that apply.**
- ☐ White
  - ☐ Black or African-American
  - ☐ American Indian
  - ☐ Asian
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ Other: \_\_\_\_\_

**30** What was your gross household income (before taxes and deductions are taken out) for last year (2014)? *Your best estimate is fine.*

- ☐ \$0
- ☐ \$1 to \$5,000
- ☐ \$5,001 to \$10,000
- ☐ \$10,001 to \$15,000
- ☐ \$15,001 to \$20,000
- ☐ \$20,001 to \$25,000
- ☐ \$25,001 to \$30,000
- ☐ \$30,001 to \$35,000
- ☐ \$35,001 to \$40,000
- ☐ \$40,001 or more

**31** Are you currently employed or self-employed?

- ☐ Yes, employed by someone else
- ☐ Yes, self-employed
- ☐ Not currently employed
- ☐ Retired

**32** How many hours per week, on average, do you work at your current job(s)?

- ☐ I don't currently work
- ☐ Less than 20 hours per week
- ☐ 20-39 hours per week
- ☐ 40 or more hours per week

**33** What is your current living arrangement?  
**Mark all that apply.**

- ☐ Live alone
- ☐ Live with spouse or partner
- ☐ Live with other relatives (including children)
- ☐ Live with my parents
- ☐ Live with friends or roommates
- ☐ Other: \_\_\_\_\_

**34** Altogether, how many people currently live in your home? *Count adults and children under 18.*

↳ Me, plus \_\_\_\_ other adults and \_\_\_\_ children.

**35** How many of the people living in your home are members of your family? *Count adults and children under 18.*

↳ Me, plus \_\_\_\_ other adults and \_\_\_\_ children.

**36** How many biological children do you have in total, including children who may not live in your household?

↳ \_\_\_\_\_ children → **(IF NONE, SKIP TO QUESTION 39)**

**37** With how many different partners did you have your children?

↳ \_\_\_\_\_ different partners

**38** How many of your biological children would you say you have a close relationship with now?

↳ \_\_\_\_\_ of my children

**39** We may ask some participants to take another survey (and be compensated for their time). If your household is selected again, are you interested in more surveys?

- ☐ No
- ☐ Yes → *Is there a good phone number to reach you? (include area code):*

\_\_\_\_\_

*E-mail:*

\_\_\_\_\_

**STOP HERE**

Thank you very much for taking time to complete this survey.  
Please place the survey in the postage-paid envelope and mail it.  
Contact us at 1-877-215-0686 or [core@providence.org](mailto:core@providence.org) with any questions.

