

ADULT EXPERIENCES SURVEY

Since you turned 18, how often has a romantic partner or spouse ever:	Never	Once	More than once
1. Slapped, hit, beat, kicked, or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Screamed at you or threatened you with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Physically abused you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Emotionally abused you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often has anyone forced you to have sexual activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p style="margin-left: 20px;">If once or more than once, who? Please choose all that apply.</p> <input type="checkbox"/> Partner or spouse <input type="checkbox"/> Someone else you knew <input type="checkbox"/> Relative <input type="checkbox"/> Stranger			

The following questions refer to the time since you turned 18.	Yes	No
6. Have you ever been the victim of a violent crime like a robbery or assault? <i>(This refers to any violent act by someone other than a spouse, partner, or household family member)</i>	<input type="radio"/>	<input type="radio"/>
<p style="margin-left: 20px;">If yes, how many times? _____</p>		
7. Have you ever been the victim of a non-violent crime such as theft?	<input type="radio"/>	<input type="radio"/>
<p style="margin-left: 20px;">If yes, how many times? _____</p>		
8. Have you been in prison or jail?	<input type="radio"/>	<input type="radio"/>
9. Has a spouse, partner, or someone you have lived with been in prison or jail?	<input type="radio"/>	<input type="radio"/>
10. Has a spouse, partner, or someone you have lived with been a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
11. Has a spouse, partner, or someone you have lived with used illegal street drugs or abused prescription medications?	<input type="radio"/>	<input type="radio"/>
12. Has a spouse, partner, or someone you have lived with been depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
13. Have you ever been divorced or separated?		
<p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No, I've never been married <input type="radio"/> No, I'm married <input type="radio"/> No, my spouse is deceased </p>		
14. Have you experienced the loss of a pregnancy?	<input type="radio"/>	<input type="radio"/>
<p style="margin-left: 20px;">If yes, how many times? _____</p>		
15. Have you experienced the death of someone very close to you?	<input type="radio"/>	<input type="radio"/>
<p style="margin-left: 20px;">If yes, please choose all that apply.</p> <input type="checkbox"/> Partner or spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

Since you turned 18 years of age:	Never	Rarely	Sometimes	Often	Very often
16. How often have you experienced serious financial problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How often do you feel that you have been discriminated against?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often have you and your family been hungry because you could not afford food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How often have you been homeless*?	<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.*