

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. How often has anyone forced you to have sexual activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If once or more than once, who? Please choose all that apply.			
<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
4. 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"/>
If yes, how many times? _____		
5. Have you ever been the victim of a non-violent crime such as theft?	<input type="radio"/>	<input type="radio"/>
If yes, how many times? _____		
6. Have you been in prison or jail?	<input type="radio"/>	<input type="radio"/>
7. Has a spouse, partner, or someone you have lived with been in prison or jail?	<input type="radio"/>	<input type="radio"/>
8. Has a spouse, partner, or someone you have lived with been a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
9. Has a spouse, partner, or someone you have lived with used illegal street drugs or abused prescription medications?	<input type="radio"/>	<input type="radio"/>
10. Has a spouse, partner, or someone you have lived with been depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
11. Have you ever been divorced or separated?		
<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	
12. Have you experienced the loss of a pregnancy?	<input type="radio"/>	<input type="radio"/>
If yes, how many times? _____		
13. Have you experienced the death of someone very close to you?	<input type="radio"/>	<input type="radio"/>
If yes, please choose all that apply.		
<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
14. How often have you experienced serious financial problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. 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"/>
16. 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"/>
17. How often have you been homeless*?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>*"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.</i>					
	Not at all	Slightly	Moderately	Very	Extremely
18. Overall, how uncomfortable did you feel answering the questions on this survey?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>