

## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

### LIFETIME TRAUMA AND VICTIMIZATION HISTORY (LTVH) INSTRUMENT- Child Version

Some people have had very scary and upsetting things happen to them at home, in their neighborhood, or someplace else. Other people have **not** had very scary things happen to them. I'm going to ask you about things that may or may not have happened to you. Please answer "Yes" if any of these things has happened to you or "No" if it has **not** happened to you.

<p>1. Have you ever been involved in a <b>natural disaster</b>, like a tornado, a hurricane, a flood, or an earthquake?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 2)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there another time you were involved in a <b>natural disaster</b>, like a tornado, hurricane, flood, or earthquake?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p>2. Have you ever been involved in a <b>man-made disaster</b>, like a fire, a train crash, a car accident, or a</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p>	<p>Was there <b>another</b> time you were involved in a <b>man-made disaster</b>, like a fire, a train crash, a car accident, or a building falling down?</p>

<p>building falling down?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 3)</p>		<p>No .... 2</p>	<p>No .... 2</p>	<p>No .... 2</p>	<p>Yes ... 1</p> <p>No .... 2</p>
<p><b>3. Have you ever fought in a war?</b></p> <p>[NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 4)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there <b>another</b> time where you <b>fought in a war?</b></p> <p>[NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>4. Have you ever lived in a war zone?</b> (For example, Iraq or Bosnia).</p> <p>[IF R SAYS THEIR NEIGHBORHOOD IS LIKE A WAR ZONE, CHOOSE 'YES']</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 5)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there <b>another</b> time that you <b>lived in a war zone?</b> (For example, Iraq or Bosnia).</p> <p>[IF R SAYS THEIR NEIGHBORHOOD IS LIKE A WAR ZONE, CHOOSE 'YES']</p> <p>Yes ... 1</p> <p>No .... 2</p>

<p>5. Have you ever had a <b>serious accident</b> at home, at school, or somewhere else?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 6)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there another time you had a <b>serious accident</b> at home, at school, or somewhere else?</p> <p>Yes ... 1</p> <p>No .... 2</p>		
<p>6. Have you ever been exposed to <b>dangerous chemicals or radioactivity</b>?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 7)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there another time you were exposed to <b>dangerous chemicals or radioactivity</b>?</p> <p>Yes ... 1</p> <p>No .... 2</p>		
<p>7. Has anyone ever <b>shot at you, stabbed you, hit you, kicked you, beaten you, punched you, slapped you around, or hurt your body in some other way</b>?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 8)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever <b>shot at you, stabbed you, hit you, kicked you, beaten you, punched you, slapped you around, or</b></p>

							<p>hurt your body in some other way?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>8.</b> Has anyone ever <b>threatened to hurt you with any kind of a weapon</b>, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock, or a bottle?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 9)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever <b>threatened to hurt you with any kind of a weapon</b>?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>9.</b> Has anyone ever <b>threatened to hurt you</b> when they were standing right in front of you?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 10)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever <b>threatened to hurt you</b> when they were standing right in front of you?</p> <p>Yes ... 1</p> <p>No .... 2</p>

<p><b>10. Has anyone ever actually hurt you with any kind of a weapon, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock, or a bottle?</b></p> <p>Yes ... 1</p> <p>No .... 2 (Go to 11)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you very scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever actually hurt you with any kind of a weapon, like a knife, a gun, a baseball bat, a frying pan, scissors, a stick, a rock, or a bottle?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>11. Before you turned 12 years old (when you were in grade school), did anyone ever hit you, kick you, beat you, punch you, slap you around, or hurt your body in some other way?</b></p> <p>Yes ... 1</p> <p>No .... 2 (Go</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you very scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Before you turned 12, did anyone else ever hit you, kick you, beat you, punch you, slap you around, or hurt your body in some other way?</p> <p>Yes ... 1</p> <p>No .... 2</p>

to 12)							
<p><b>12. Before you turned 12 years old (when you were in grade school), were you ever physically abused?</b></p> <p>Yes ... 1</p> <p>No .... 2 (Go to 13)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Before you turned 12, did anyone else ever <b>physically abuse you?</b></p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>13. Has anyone--male or female--ever forced or pressured you into doing something sexual that you didn't want to do? By "something sexual," we mean someone putting an object or part of their body inside your private sexual parts, inside your rear end, or inside your mouth; we</b></p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else--male or female--ever forced or pressured you into doing something sexual that you didn't want to do?</p> <p>Yes ... 1</p> <p>No .... 2</p>

<p>also mean someone putting <b>your</b> private parts inside <b>their</b> mouth.</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 14)</p>							
<p><b>14.</b> Other than what we just talked about, have there been any other times when anyone, male or female, ever <b>tried</b> to force or bully you into doing something sexual that you didn't want to do, <b>but it didn't end up happening</b> (for example, you stopped them or someone else stopped them)?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 15)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Was there any other time when anyone, male or female, <b>tried</b> to force or bully you into doing something sexual that you didn't want to do, <b>but it didn't end up happening</b>?</p> <p>Yes ... 1</p> <p>No .... 2</p>

<p><b>15.</b> Other than what we just talked about, have there been any other times when anyone <b>actually</b> touched private parts of your body or made you touch theirs when you didn't want to?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 16)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever <b>actually</b> touched private parts of your body or made you touch theirs when you didn't want to?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>16.</b> Have you ever known someone who was <b>murdered</b>; that is, a parent, a brother, a sister, a very close friend, a boyfriend or girlfriend, or someone who lived with you?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 17)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was anyone else <b>murdered</b> who was a parent, a brother, a sister, a very close friend, a boyfriend or girlfriend, or someone who lived with you?</p> <p>Yes ... 1</p> <p>No .... 2</p>		

<p><b>17.</b> Have you ever seen or been present when someone was <b>murdered</b> or hurt very badly?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 18)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there any <b>other</b> time when you saw or were present when someone was murdered or hurt very badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>18.</b> Have you ever known someone who <b>committed suicide or killed themselves</b>; that is, a parent, a sister, a brother, a very close friend, a boyfriend or girlfriend, or someone who lived with you?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 19)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did anyone else who was a parent, a sister, a brother, a very close friend, a boyfriend or girlfriend, or someone who lived with you <b>commit suicide or kill themselves</b>?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>19.</b> Have you ever seen a dead body? Don't include</p>	<p>How old were you the first time it</p>	<p>Were you afraid that you might die or get</p>	<p>Were you <b>very</b> scared</p>	<p>Did you feel like there was nothing you could do to stop what was</p>	<p>Was there any <b>other</b> time when you saw a dead body?</p>

<p>at a funeral, on TV, in the movies, or in a newspaper.</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 20)</p>	<p>happened?</p> <p>AGE: _____</p>	<p>hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Yes ... 1</p> <p>No .... 2</p>
<p><b>20.</b> Have you ever seen or heard <b>another person</b> be threatened with a weapon (for example, a gun or a knife)?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 21)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there any <b>other</b> time when you saw or heard <b>another person</b> be threatened with a weapon (for example, a gun or a knife)?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>21.</b> Have you ever seen or heard <b>another person</b> be raped, sexually attacked, or made to do something sexual that they didn't want to do?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 22)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there any <b>other</b> time when you saw or heard another person be raped, sexually attacked, or made to do something sexual that they didn't want to do?</p> <p>Yes ... 1</p> <p>No .... 2</p>

<p>22. Has anyone ever <b>damaged or destroyed something on purpose that belonged to you</b> or to someone who you lived with?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 23)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Has anyone else damaged or destroyed something on purpose that belonged to you or to someone who you lived with?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p>23. Has anyone ever stolen something from you by <b>using force or threatening to hurt you</b>, like in a stick-up, a mugging, or a car-jacking?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 24)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Has anyone else ever stolen something from you by <b>using force or threatening to hurt you</b>, like in a stick-up, a mugging, or a car-jacking?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p>24. Has anyone ever <b>tried to steal</b> something from you by <b>using force or threatening</b></p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p>	<p>Has anyone else ever <b>tried to steal</b> something from you by <b>using force or threatening to hurt you</b>, like in a</p>

<p><b>to hurt you?</b>  <b>This could be something like a stick-up, mugging, or carjacking.</b>          But they didn't get anything because you or someone else stopped them?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 25)</p>		<p>No .... 2</p>	<p>No .... 2</p>	<p>No .... 2</p>	<p>stick-up, a mugging, or a carjacking, <b>but they didn't end up stealing something</b> (for example, you stopped them or someone else stopped them)?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>25. Has anyone ever tried to or actually broken into your house, garage, shed, locker or storage room <b>when you were not there?</b></b></p> <p>Yes ... 1</p> <p>No .... 2 (Go to 26)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Has anyone else ever tried to or actually broken into your house, garage, shed, locker or storage room <b>when you were not there?</b></p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>26. Has anyone ever tried to or actually broken into your house,</b></p>	<p>How old were you the first time it happened?</p>	<p>Were you afraid that you might die or get hurt really badly?</p>	<p>Were you <b>very</b> scared?</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p>	<p>Has anyone else ever tried to or actually broken into your house, garage, shed, locker or storage</p>

<p>garage, shed, locker or storage room when you <b>were</b> there?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 27)</p>	<p>AGE: _____</p>	<p>Yes ... 1</p> <p>No .... 2</p>	<p>Yes ... 1</p> <p>No .... 2</p>	<p>Yes ... 1</p> <p>No .... 2</p>	<p>room when you <b>were</b> there?</p> <p>Yes ... 1</p> <p>No .... 2</p>	
<p><b>27.</b> Has anyone ever stolen something from you <b>without your knowing it</b>? This could be taking something from your pocket or backpack.</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 28)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Has anyone else ever stolen something directly from you without forcing you or threatening to hurt you?</p> <p>Yes ... 1</p> <p>No .... 2</p>	
<p><b>28.</b> Have you ever been <b>kidnapped</b> or held captive?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 29)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>How long were you held or not allowed to leave?</p> <p>LENGTH OF TIME: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ...</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there any <b>other</b> time when you were kidnapped or held captive?</p> <p>Yes ... 1</p> <p>No .... 2</p>

			1 No .... 2				
<p><b>29.</b> Have you ever been <b>stalked</b> by anyone? For example, has anyone ever spied on you or followed you when you didn't want them to?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 30)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you afraid that you might die or get hurt really badly?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Were you <b>very</b> scared?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person stalked you?</p> <p>AGE: _____</p>	<p>Has anyone else stalked you, spied on you, or followed you when you didn't want them to?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>30.</b> Have you ever been in <b>any other</b> situation in which you were afraid you might die or get really badly hurt, or when you were very scared or felt like there was nothing you could do to stop what was happening?</p> <p>Yes... 1</p> <p>SPECIFY: _____</p> <p>No.... 2</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Was there any <b>other</b> situation in which you were afraid you might die or get really badly hurt, or when you were very scared or felt like there was nothing you could do to stop what was happening?</p> <p>Yes ... 1</p> <p>No .... 2</p>					

**Scoring:**

There are several ways to score the instrument, from very simple to more

complex. One can simply count the number of events that the person endorsed, the total number of events (that is, if the event happened more than once) or the number of items of different types (general traumas, items 1-6; physical violence, items 7-10; physical abuse, items 11-12; sexual violence, items 13-15; seen family/friend murdered or commit suicide, items 16-18; witnessed trauma to someone else, items 19-21; crime victimization, items 22-27; kidnapped or stalked, items 28-29; or anything else, item 30). One can count items that occurred during certain time periods in the person's life (childhood, adolescence, or adulthood) or items that only reached a certain threshold of intensity, based on questions about the person's perception of the event (i.e., Were you afraid that you might die or get hurt really badly?). For certain purposes where less detail is desired, one might omit these follow-up questions entirely.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/181402>