

**In all of Medicine, there are only 3 sources of diagnostic information:**

- 1) Patient history    2) Physical findings on examination    3) Laboratory and x-ray findings

While patients strongly assume Lab tests are the major source (“Oh, I want all the blood tests, Doctor.”), experienced physicians will tell you that about 70% of the time diagnosis derives from **patient history** and is confirmed by physical examination or Lab and x-ray tests. Therefore, obtaining a comprehensive history will be our starting point and it will certainly include your Developmental Years in childhood, especially your life experiences then because they are now known to have such a profound effect on adult life and well-being.

**Patient:** Please check each answer for every question to the best of your recollection. The confidential information you provide here is an important part of a special project we are doing to help improve our understanding of how life events affect one’s health.

**Use a pen, place a ✓ or an X in the appropriate box or fill in the blank space where applicable**

For example:  or  or Month August Year 1997

- |  |   |   |
|--|---|---|
| <p>1. What is your birthdate?<br/>Month _____ Year _____</p> <p>1b. In what state were you born?<br/>State _____<br/><input type="checkbox"/> I was born outside the U.S.</p> <p>2. What is your sex?<br/>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>3a. What is your race?<br/>Asian <input type="checkbox"/> American Indian <input type="checkbox"/><br/>Black <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/></p> <p>3b. Are you of Mexican, Latino, or Hispanic origin?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Please check how far you’ve gone in school. (Choose one.)<br/>Didn't go to high school <input type="checkbox"/><br/>Some high school <input type="checkbox"/><br/>High school graduate or GED <input type="checkbox"/><br/>Some college or technical school <input type="checkbox"/><br/>4 year college graduate <input type="checkbox"/></p> <p>5. What is your <u>current</u> marital status?<br/>Are you now...<br/>Married <input type="checkbox"/><br/>Not married but <u>living together</u> with a partner <input type="checkbox"/><br/>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/><br/>Separated <input type="checkbox"/> Never married <input type="checkbox"/></p> <p>6a. How many times have you been married?<br/>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/><br/>Never married <input type="checkbox"/></p> <p>6b. During what month and year were you first married?<br/>Month _____ Year _____<br/>Never married <input type="checkbox"/></p> <p>7a. Which of the following best describes your current employment status?<br/>Full-time (35 hours or more) <input type="checkbox"/><br/>Part-time (1-34 hours) <input type="checkbox"/><br/>Not employed outside the home <input type="checkbox"/></p> | <p><b>If you are currently employed outside the home:</b></p> <p>7b. How <b>many days of work</b> did you miss in the past 30 days due to <b>stress or feeling depressed?</b><br/>Number of days: _____</p> <p>7c. How <b>many days of work</b> did you miss in the past 30 days due to <b>poor physical health?</b><br/>Number of days: _____</p> <p>8. For most of your childhood, did your family own their home?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9a. During your childhood how many times did you move residences, even in the same town?<br/>Number of times: _____</p> <p>9b. How long have you lived at your <u>current</u> residence?<br/>Less than 6 months <input type="checkbox"/><br/>Less than 1 year <input type="checkbox"/><br/>Less than 2 years <input type="checkbox"/><br/>2 or more years <input type="checkbox"/></p> <p>10. How old was your mother when you were born?<br/>Age: _____</p> <p>11a. How much education does/did your mother have? (Choose one)<br/>Didn't go to high school <input type="checkbox"/><br/>Some high school <input type="checkbox"/><br/>High school graduate or GED <input type="checkbox"/><br/>Some college or technical school <input type="checkbox"/><br/>College graduate or higher <input type="checkbox"/></p> <p>11b. How much education does/did your father have? (Choose one)<br/>Didn't go to high school <input type="checkbox"/><br/>Some high school <input type="checkbox"/><br/>High school graduate or GED <input type="checkbox"/><br/>Some college or technical school <input type="checkbox"/><br/>College graduate or higher <input type="checkbox"/></p> | <p>12. Have you ever been pregnant?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, skip to item 16</p> <p>13a. Are you pregnant now?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>13b. How many times have you been pregnant?<br/>Number: _____</p> <p>13c. How many of these pregnancies resulted in the birth of a child?<br/>Number: _____</p> <p>13d. How old were you the first time you became pregnant?<br/>Age: _____</p> <p>13e. The first time you became pregnant, how old was the person who got you pregnant?<br/>Age: _____</p> <p>13f. During what month and year did your first pregnancy end?<br/>Month _____ Year _____</p> <p>13g. How did your first pregnancy end?<br/>Live birth(s) <input type="checkbox"/><br/>Stillbirth/miscarriage <input type="checkbox"/><br/>Tubal or ectopic <input type="checkbox"/><br/>Elective abortion <input type="checkbox"/><br/>Other <input type="checkbox"/></p> <p>13h. When your first pregnancy began, did you intend to get pregnant at that time in your life?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't care <input type="checkbox"/></p> <p>14. Were you ever pregnant a 2nd time?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, skip to item 16.</p> <p>15a. During what month and year did your second pregnancy end?<br/>Month _____ Year _____</p> |
|--|---|---|

Please continue to the next page

- 15b. How did your second pregnancy end?  
 Live birth(s)   
 Stillbirth/miscarriage   
 Tubal or ectopic   
 Elective abortion   
 Other
- 15c. When your second pregnancy began, did you intend to get pregnant at that time in your life?  
 Yes  No  Didn't care

**In order to get a more complete picture of the health of our patients, the next three questions are about voluntary sexual experiences only.**

16. How old were you the first time you had sexual intercourse?  
 Age: \_\_\_\_\_  
 Never had intercourse
17. With how many different partners have you ever had sexual intercourse?  
 Number of partners: \_\_\_\_\_
18. During the past year, with how many different partners have you had sexual intercourse?  
 Number of partners: \_\_\_\_\_
- 19a. Have you smoked at least 100 cigarettes in your entire life?  
 Yes  No
- 19b. How old were you when you began to smoke cigarettes fairly regularly?  
 Age: \_\_\_\_\_
- 20a. Do you smoke cigarettes now?  
 Yes  No
- 20b. If "Yes": on average, about how many cigarettes a day do you smoke?  
 Number of cigarettes: \_\_\_\_\_

**If you used to smoke cigarettes but don't smoke now:**

- 21a. About how many cigarettes a day did you smoke?  
 Number of cigarettes: \_\_\_\_\_
- 21b. How old were you when you quit?  
 Age: \_\_\_\_\_
- During your first 18 years of life:
- 22a. Did your father smoke?  
 Yes  No
- 22b. Did your mother smoke?  
 Yes  No
- 23a. During the past month, about how many days per week did you exercise for recreation or to keep in shape?  
 0  1  2  3   
 4  5  6  7
- 23b. During the past month, when you exercised for recreation or to keep in shape, how long did you usually exercise (minutes)?  
 0  1-19  20-29  30-39   
 40-49  50-59  60 or more

- 24a. What is the most you have ever weighed?  
 Weight in pounds: \_\_\_\_\_
- 24b. How old were you then?  
 Age: \_\_\_\_\_
- 25a. How old were you when you had your first drink of alcohol other than a few sips?  
 Age: \_\_\_\_\_  
 Never drank alcohol

**During each of the following age intervals, what was your usual number of drinks of alcohol per week?**

- 25b1. Age 19-29  
 None  Less than 6/week   
 7-13/week  14 or more/week
- 25b2. Age 30-39  
 None  Less than 6/week   
 7-13/week  14 or more/week
- 25b3. Age 40-49  
 None  Less than 6/week   
 7-13/week  14 or more/week
- 25b4. Age 50 and older  
 None  Less than 6/week   
 7-13/week  14 or more/week
- 25c. During the past month have you had any beer, wine, wine coolers, cocktails, or liquor?  
 Yes  No
- 25d. During the past month, how many days per week did you drink any alcoholic beverages on average?  
 0  1  2  3   
 4  5  6  7
- 25e. On the days when you drank, about how many drinks per day did you have on average?  
 1  2  3  4 or more   
 didn't drink in past month
- 25f. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?  
 Number of times: \_\_\_\_\_
- 25g. During the past month, how many times have you driven when you've had perhaps too much to drink?  
 Number of times: \_\_\_\_\_
- 25h. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?  
 Number of times: \_\_\_\_\_
26. Have you ever had a problem with your use of alcohol?  
 Yes  No
27. Have you ever considered yourself to be an alcoholic?  
 Yes  No

- 28a. During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?  
 Yes  No
- 28b. If "Yes": check all who were problem drinkers or alcoholics:  
 Father  Other Relative   
 Mother  Other non-relative   
 Brothers  Sisters
29. Have you ever been married to someone (or lived with someone as if you were married) who was a problem drinker or alcoholic?  
 Yes  No
- 30a. Have you ever used street drugs?  
 Yes  No
- 30b. If "Yes": How old were you the first time you used them?  
 Age: \_\_\_\_\_
- 30c. About how many times have you used street drugs?  
 0  1-2  3-10   
 11-25  26-99  100+
- 30d. Have you ever had a problem with your use of street drugs?  
 Yes  No
- 30e. Have you ever considered yourself to be addicted to street drugs?  
 Yes  No
- 30f. Have you ever injected street drugs?  
 Yes  No
31. Have you ever been under the care of a psychologist, psychiatrist, or therapist?  
 Yes  No
- 32a. Has a doctor, nurse, or other health professional ever asked you about family or household problems during your childhood?  
 Yes  No
- 32b. How many close friends or relatives would help you with your emotional problems or feelings if you needed it?  
 None  1  2  3 or more
- During your first 18 years of life:
33. Did you live with anyone who used street drugs?  
 Yes  No
- 34a. Were your parents ever separated or divorced?  
 Yes  No
- 34b. Did you ever live with a stepfather?  
 Yes  No
- 34c. Did you ever live with a stepmother?  
 Yes  No
35. Did you ever live in a foster home?  
 Yes  No

**Please continue to the next page**

- 36a. Did you ever run away from home for more than one day?  
Yes  No
- 36b. Did any of your brothers or sisters run away from home for more than one day?  
Yes  No
37. Was anyone in your household depressed or mentally ill?  
Yes  No
38. Did anyone in your household attempt to commit suicide?  
Yes  No
- 39a. Did anyone in your household ever go to prison?  
Yes  No
- 39b. Did anyone in your household ever commit a serious crime?  
Yes  No
- 40a. Have you ever attempted to commit suicide?  
Yes  No
- 40b. If "Yes": how old were you the first time you attempted suicide?  
Age: \_\_\_\_\_
- 40c. If "Yes": how old were you the last time you attempted suicide?  
Age: \_\_\_\_\_
- 40d. How many times have you attempted suicide?  
Number of times: \_\_\_\_\_
- 40e. Did any suicide attempt ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
Yes  No

**Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did your father (or stepfather) or mother's boyfriend do any of these things to your mother (or stepmother)?**

- 41a. Push, grab, slap, or throw something at her?  
Never  Often   
Once, twice  Very often   
Sometimes
- 41b. Kick, bite, hit her with a fist, or hit her with something hard?  
Never  Often   
Once, twice  Very often   
Sometimes
- 41c. Repeatedly hit her over at least a few minutes?  
Never  Often   
Once, twice  Very often   
Sometimes
- 41d. Threaten her with a knife or gun, or use a knife or gun to hurt her?  
Never  Often   
Once, twice  Very often   
Sometimes

**Some parents spank their children as a form of discipline. While you were growing up during the first 18 years of life:**

- 42a. How often were you spanked?  
Never  Many times a year   
Once or twice  Weekly or more   
A few times a year
- 42b. How severely were you spanked?  
Not hard  Quite hard   
A little hard  Very hard   
Medium
- 42c. How old were you the last time you remember being spanked?  
Age: \_\_\_\_\_

**While you were growing up, during the first 18 years of life, how true were each of the following statements:**

43. You didn't have enough to eat.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
44. You knew there was someone to take care of you and protect you.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
45. People in your family called you things like "lazy" or "ugly".  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
46. Your parents were too drunk or high to take care of the family.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
47. There was someone in your family who helped you feel important or special.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
48. You had to wear dirty clothes.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
49. You felt loved.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
50. You thought your parents wished you had never been born.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
51. People in your family looked out for each other.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true

52. You have felt someone in your family hated you.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
53. People in your family said hurtful or insulting things to you.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
54. People in your family felt close to each other.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
55. You believe you were emotionally abused.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
56. There was someone to take you to the doctor if you needed it.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true
57. Your family was a source of strength and support.  
Never true  Often true   
Rarely true  Very often true   
Sometimes true

**Sometimes parents or other adults hurt children. While you were growing up, that is, during your first 18 years of life, how often did a parent, stepparent, or adult living in your home:**

- 58a. Swear at you, insult you, or put you down?  
Never  Often   
Once, twice  Very often   
Sometimes
- 58b. Threaten to hit you or throw something at you, but didn't do it?  
Never  Often   
Once, twice  Very often   
Sometimes
- 58c. Push, grab, shove, slap, or throw something at you?  
Never  Often   
Once, twice  Very often   
Sometimes
- 58d. Hit you so hard that you had marks or were injured?  
Never  Often   
Once, twice  Very often   
Sometimes
- 58e. Act in a way that made you afraid that you might be physically hurt?  
Never  Often   
Once, twice  Very often   
Sometimes

Please continue to the next page

Some people, while growing up in their **first 18 years of life**, had a sexual experience with **an adult or someone at least five years older than themselves**. These experiences may have involved a relative, family friend, or stranger. During the **first 18 years of life**, did an adult or older relative, family friend, or stranger ever:

	The first time this happened, how old were you?	The first time, did this happen against your wishes?	The last time this happened, how old were you?	About how many times did this happen to you?	How many different people did this to you?	What was the sex of the person(s) who did this?
59a. Touch or fondle your body in a sexual way? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>
60a. Have you touch their body in a sexual way? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>
61a. <b>Attempt</b> to have any type of sexual intercourse (oral, anal, or vaginal) with you? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>
62a. <b>Actually have</b> any type of sexual intercourse (oral, anal, or vaginal) with you? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" →	_____ age	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ age	_____ times	_____ people	Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>

If you answered "No" to each of the last 4 questions (59a-62a) about sexual experiences with older persons, please skip to question 67a.

**Did any of these sexual experiences with an adult or person at least 5 years older than you involve:**

- 63a. A relative who lived in your home?  
Yes  No
- 63b. A non-relative who lived in your home?  
Yes  No
- 63c. A relative who didn't live in your home?  
Yes  No
- 63d. A family friend or person whom you knew and who didn't live in your home?  
Yes  No
- 63e. A stranger?  
Yes  No
- 63f. Someone who was supposed to be taking care of you?  
Yes  No
- 63g. Someone you trusted?  
Yes  No

**Did any of these sexual experiences involve:**

- 64a. Trickery, verbal persuasion, or pressure to get you to participate?  
Yes  No
- 64b. Being given alcohol or drugs?  
Yes  No
- 64c. Threats to harm you if you didn't participate?  
Yes  No
- 64d. Being physically forced or over-powered to make you participate?  
Yes  No

- 65a. Have you ever told a doctor, nurse, or other health professional about these sexual experiences?  
Yes  No
- 65b. Has a therapist or counselor ever suggested to you that you were sexually abused as a child?  
Yes  No
- 66. Do you think that you were sexually abused as a child?  
Yes  No

**Apart from other sexual experiences you have already told us about, while you were growing up during your first 18 years of life:**

- 67a. Did a boy or group of boys **about your own age** ever force you or threaten you with harm in order to have sexual contact?  
Yes  No
- 67b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, or vaginal)? Yes  No
- 67c. If "Yes": how many times did someone do this to you?  
Once  Twice  3-5 times   
6-10  More than 10 times
- 67d. Did the contact involve a person actually having intercourse with you (oral, anal, or vaginal)? Yes  No
- 67e. If "Yes": how many times did someone do this to you?  
Once  Twice  3-5 times   
6-10  More than 10 times

- 68a. **As an adult** (age 19 or older), did anyone ever **force or threaten you** with harm in order to have sexual contact?  
Yes  No
- 68b. If "Yes": did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, or vaginal)?  
Yes  No
- 68c. If "Yes": how many times did someone do this to you?  
Once  Twice  3-5 times   
6-10  More than 10 times
- 68d. Did the contact involve someone actually having intercourse with you (oral, anal, or vaginal)?  
Yes  No
- 68e. If "Yes": how many times did someone do this to you?  
Once  Twice  3-5 times   
6-10  More than 10 times

**Thank you for helping us help you by providing this very important information. It will enable us to figure out the most effective treatment both for your symptoms and especially their underlying causes. You may also wish to provide a copy to your physician.**

**Vincent J Felitti, MD,**

co-Principal investigator of the ACE Study, Retired Chief of Preventive Medicine at Kaiser Permanente in San Diego

**Brian M. Alman, PhD,**

Founder & CEO, True Sage, ACE Treatment Solution, Founder