

# CLIENT SELF REPORT

# TABLE OF CONTENTS

## Table of Contents

<b>CLIENT SELF REPORT</b> .....	<b>1</b>
<b>DEMOGRAPHICS AND BACKGROUND</b> .....	<b>3</b>
BEEHIVE REGISTRATION DEMOGRAPHICS.....	3
<b>EPI-CAL Enrollment Life Questions (“Getting Started”)</b> .....	<b>5</b>
EPI-CAL BASELINE QUESTIONS (First Contact Questions).....	5
<b>PRIMARY CAREGIVER BACKGROUND</b> .....	<b>7</b>
Adverse Childhood Experiences – ACES ( “Stressful Life Events”) .....	9
<b>EPI-CAL Life Bundle (“My Life”)</b> .....	<b>12</b>
DEMOGRAPHICS AND BACKGROUND (“About Me”) .....	12
EDUCATION .....	12
EMPLOYMENT AND RELATED ACTIVITIES.....	14
SOCIAL RELATIONSHIPS.....	17
SCORE-15 (“Family”).....	18
<b>EPI-CAL Experiences Bundle (“My Experiences”)</b> .....	<b>22</b>
Legal Involvement And Related .....	22
Substance Use.....	22
Modified Colorado Symptom Index (Personal Experiences Inventory) .....	25
Questionnaire About The Process Of Recovery (“Staying well questionnaire”) .....	27
Life Outlook.....	28
<b>EPI-CAL Treatment Bundle (“My Treatment”)</b> .....	<b>30</b>
MEDICATIONS.....	30
Intent to Attend and Complete Treatment Scale (Treatment) .....	36
Hospitalizations .....	36
SHARED DECISION MAKING QUESTIONNAIRE (SDM-Q-9) (“Shared Decision Making”) .....	39
End of Survey Questions .....	40
<b>EPI-CAL Trauma Adult (“Stressful Life Experiences”)</b> .....	<b>41</b>
Life Events Checklist (LEC-5) & PTSD Checklist for DSM-5 (PCL-5) (“Stressful Life Experiences”) .....	41
<b>EPI-CAL Trauma Child (“Stressful Life Experiences”)</b> .....	<b>55</b>
Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17) (“Stressful Life Events”) .....	55

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# DEMOGRAPHICS AND BACKGROUND

## BEEHIVE REGISTRATION DEMOGRAPHICS

1. What is your date of birth? \*  
\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)
2. What was your biological sex assigned at birth? \*  
Select one.
  - Female
  - Male
  - Intersex
  - Prefer not to say
3. How do you identify your gender?  
Select one that best describes you.
  - Male
  - Female
  - Non-binary
  - Transgender male (female at birth)
  - Transgender female (male at birth)
  - Genderqueer/gender non-conforming
  - Questioning or unsure of gender identity
  - Prefer not to say
  - Other (Specify: \_\_\_\_\_)
4. What is your race? (check any that apply) \*

- 
- African/African American/Black
    - African American
    - African (specify)
    - Other African/Black (specify)
  - American Indian/Alaskan Native
    - American Indian (specify)
  - Asian
    - Asian Indian/South Asian
    - Cambodian
    - Chinese
    - Filipino
    - Hmong
    - Japanese
    - Korean
    - Laotian
    - Mien
    - Vietnamese
    - Other Asian (specify)
  - Hispanic/Latinx
  - Pacific Islander
    - Native Hawaiian
    - Samoan
    - Other Pacific Islander (specify)
  - White
    - Chaldean
    - Eastern European
    - European
    - Iraqi
    - Middle Eastern
    - Other White (specify)
  - Other (specify)
  - Prefer not to say
  - Unsure/Don't know

**5. Do you identify as Hispanic/Latinx? (ethnicity) \***

Select any that apply.

- Yes- Caribbean
- Yes- Central American
- Yes- Cuban
- Yes- Dominican
- Yes- Mexican/Mexican-American/Chicanx
- Yes – Puerto Rican
- Yes – Salvadoran
- Yes – South American
- Yes – Other Hispanic/Latinx (specify)
- No—I do not identify as Hispanic/Latinx

- 
- Prefer not to say
  - Unsure/Don't know

# EPI-CAL Enrollment Life Questions (“Getting Started”)

## EPI-CAL BASELINE QUESTIONS (First Contact Questions)

*These next questions ask about your background and demographics. Please select the best response for each question.*

**1. What is your preferred language?**

Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> English                          | <input type="checkbox"/> Lao                          |
| <input type="checkbox"/> Spanish/Spanish Creole           | <input type="checkbox"/> Mandarin                     |
| <input type="checkbox"/> African Languages                | <input type="checkbox"/> Mien                         |
| <input type="checkbox"/> Arabic                           | <input type="checkbox"/> Other Indo-European          |
| <input type="checkbox"/> Armenian                         | <input type="checkbox"/> Polish                       |
| <input type="checkbox"/> Cambodian                        | <input type="checkbox"/> Portuguese/Portuguese Creole |
| <input type="checkbox"/> Cantonese                        | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> Other Chinese Dialects           | <input type="checkbox"/> Samoan                       |
| <input type="checkbox"/> Farsi                            | <input type="checkbox"/> Tagalog                      |
| <input type="checkbox"/> French/French Creole             | <input type="checkbox"/> Thai                         |
| <input type="checkbox"/> Hebrew                           | <input type="checkbox"/> Turkish                      |
| <input type="checkbox"/> Hmong                            | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Ilocano                          | <input type="checkbox"/> Yiddish                      |
| <input type="checkbox"/> Indic (e.g. Hindi, Urdu, Sindhi) | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Italian                          | <input type="checkbox"/> Other Sign Language          |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other (Specify)              |
| <input type="checkbox"/> Korean                           | <input type="checkbox"/> Prefer not to say            |

**2. Were you born in the United States?**

- Yes
- No
- Prefer not to say
- Unsure/Don't Know

**3. Have you ever, in your lifetime, (check all that apply): \***

- Lived on the street, in shelter, in car, or outdoors with your family or other relatives
- Lived on street, in shelter, in car, or outdoors on your own
- Couch surfed, temporarily lived with family or friends, temporarily lived in a motel with a voucher because you did not have a permanent residence
- Fled or attempted to flee domestic violence

- 
- Lived in a group home, board and care, or facility with daily supervision by staff
  - Been in jail/prison/juvenile detention center/etc.
  - Lived outside of your home because you had run away
  - Been evicted
  - Other temporary home situation that you consider less than ideal
  - Other (please specify):
  - None of the above
  - Prefer not to say

**4. Who referred you to this program?**

- Someone from another program within this facility/agency
- Emergency room
- Crisis stabilization unit (i.e., a 24-hour non-hospital setting)
- Hospital – inpatient unit in a general medical setting
- Hospital – inpatient unit from a psychiatric unit or setting
- School or university
- Family Care Doctor/Primary Care Physician
- Community outpatient mental health provider (e.g., psychiatrist, social worker, psychologist)
- Legal system (e.g., police, detention center, juvenile court)
- Family member, Spouse/Partner, or friend
- Self
- Other (Specify: \_\_\_\_\_)

**5. Have you ever, in your life, experienced any of the following? (select all that apply) \***

- Interactions with the police in the community or at school
- Street stop or stop-and-frisk
- Police were called on you to respond to domestic dispute or mental health crisis
- Been part of a community-based diversion program (eg. Sacramento Area Congregations Together, San Diego Organizing Project, Resilience Orange County, Youth Justice Coalition)
- Been part of “voluntary” or “informal” probation (ie. pre-probation, probation lite)
- Spent at least one night in any kind of juvenile detention center (“juvie”)
- Spent at least one night in any kind of prison or jail
- Not counting minor traffic violations, been arrested and booked for breaking the law (being “booked” means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released)
- Been on probation
- Been on parole, supervised release, or other conditional release from prison
- Been convicted of a misdemeanor or DUI
- Been convicted of a felony
- None of the above
- Prefer not to say

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## PRIMARY CAREGIVER BACKGROUND

*These next questions ask about your primary caregivers during childhood (“primary caregiver 1” and “primary caregiver 2”). Think about the people who fit this role for you when answering the questions in this survey.*

1. What is the relationship of primary caregiver 1 to you?
  - Mother (Biological or Adoptive)
  - Father (Biological or Adoptive)
  - Step-Mother
  - Step-Father
  - Sibling
  - Grandparent
  - Aunt or Uncle
  - Cousin
  - Other (Please specify)
  
2. What is the highest education level completed by primary caregiver 1?
  - 8th grade or less
  - Some high school
  - High school diploma or GED
  - Some college, including AA and technical certificates or diploma

- 
- Graduated 4-year college
  - Advanced degree (e.g., MA, MD, PhD)
  - Unsure/Don't know
  - Prefer not to say

3. What type of work did primary caregiver 1 do or did they do most recently? Select one.

- Professional/Technical/Managerial (e.g. doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g. cashier, dog walker, food preparation)
- Construction/Mechanical/Factory Worker/ Maintenance
- Agricultural (e.g. farm, fishery, forest)
- Transportation (e.g. bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Domestic/Homemaker
- Unemployed/furloughed
- Other (Please specify)
- Unsure/Don't know
- Prefer not to say

4. Was primary caregiver 1 born in the United States?

- Yes
- No
- Unsure/Don't Know
- Prefer not to say

5. What is the relationship of primary caregiver 2 to you?

- Mother (Biological or Adoptive)
- Father (Biological or Adoptive)
- Step-Mother
- Step-Father
- Sibling
- Grandparent
- Aunt or Uncle
- Cousin
- Other (Please specify):
- Not Applicable (I do not have more than one primary caregiver) → *Skip to next section*

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6. What is the highest education level completed by primary caregiver 2?



- 
- 8th grade or less
  - Some high school
  - High school diploma or GED
  - Some college, including AA and technical certificates or diploma
  - Graduated 4-year college
  - Advanced degree (e.g., MA, MD, PhD)
  - Unsure/Don't know
  - Prefer not to say

7. What type of work does primary caregiver 2 currently do or did they do most recently?

- Professional/Technical/Managerial (e.g. doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g. cashier, dog walker, food preparation)
- Construction/Mechanical/Factory Worker/ Maintenance
- Agricultural (e.g. farm, fishery, forest)
- Transportation (e.g. bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Domestic/Homemaker
- Unemployed/furloughed
- Other (Please specify)
- Unsure/Don't know
- Prefer not to say

8. Was primary caregiver 2 born in the United States?

- Yes
- No
- Unsure/Don't Know
- Prefer not to say

## Adverse Childhood Experiences – ACES ( “Stressful Life Events”)

Client ID #: \_\_\_\_\_ Date of Administration: \_\_\_\_\_

### **Adverse Childhood Experiences (ACES) (Stressful Life Events)**

*Many individuals experience stressful life events. If you are over 18, please think about experiences that happened prior to your 18<sup>th</sup> birthday. If you are under 18, please think about past and present experiences. Have you seen or been present when the following experiences happened?*

1. Has a parent/caregiver ever insulted, humiliated, or put you down?
  - No
  - Yes
  
2. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you? Or has any adult in the household ever hit you so hard

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that you had marks or were injured? Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?

- No
- Yes

3. Have you ever experienced sexual abuse? (For example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)

- No
- Yes

4. Have you ever felt unsupported, unloved and/or unprotected?

- No
- Yes

5. Have you ever lacked appropriate care by any caregiver? (For example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)

- No
- Yes

6. Have there ever been significant changes in the relationship status of your caregiver(s)? (For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

- No
- Yes

- 
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
- No
  - Yes
8. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
- No
  - Yes
9. Have you ever lived with a parent/caregiver who had mental health issues? (For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- No
  - Yes
10. Have you ever lived with a parent/caregiver who went to jail/prison?
- No
  - Yes
11. Have you ever seen, heard or been a victim of violence in your neighborhood, community, or school? (For example, targeted bullying, assault or other violent actions, war or terrorism)
- No
  - Yes
12. Have you experienced discrimination? (For example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
- No
  - Yes
13. Have you ever worried that you did not have enough food to eat or that food would run out before you or a parent/caregiver could buy more?
- No
  - Yes
14. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
- No
  - Yes

- 
15. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
- No
  - Yes
16. Have you ever experienced verbal or physical abuse or threats from a romantic partner? (For example, a boyfriend or girlfriend)
- No
  - Yes

## EPI-CAL Life Bundle (“My Life”)

### DEMOGRAPHICS AND BACKGROUND (“About Me”)

*These next questions ask about your background and demographics. Please select the best response for each question.*

1. What is your sexual orientation?
- Heterosexual or straight
  - Gay or lesbian
  - Bisexual
  - Queer
  - Questioning or unsure of sexual orientation
  - Other (Specify: \_\_\_\_\_)
  - Prefer not to say
2. What is your primary language?
- |  |  |
|--|--|
| <input type="radio"/> English                          | <input type="radio"/> Lao                          |
| <input type="radio"/> Spanish/Spanish Creole           | <input type="radio"/> Mandarin                     |
| <input type="radio"/> African Languages                | <input type="radio"/> Mien                         |
| <input type="radio"/> Arabic                           | <input type="radio"/> Other Indo-European          |
| <input type="radio"/> Armenian                         | <input type="radio"/> Polish                       |
| <input type="radio"/> Cambodian                        | <input type="radio"/> Portuguese/Portuguese Creole |
| <input type="radio"/> Cantonese                        | <input type="radio"/> Russian                      |
| <input type="radio"/> Other Chinese Dialects           | <input type="radio"/> Samoan                       |
| <input type="radio"/> Farsi                            | <input type="radio"/> Tagalog                      |
| <input type="radio"/> French/French Creole             | <input type="radio"/> Thai                         |
| <input type="radio"/> Hebrew                           | <input type="radio"/> Turkish                      |
| <input type="radio"/> Hmong                            | <input type="radio"/> Vietnamese                   |
| <input type="radio"/> Ilocano                          | <input type="radio"/> Yiddish                      |
| <input type="radio"/> Indic (e.g. Hindi, Urdu, Sindhi) | <input type="radio"/> American Sign Language (ASL) |
| <input type="radio"/> Italian                          | <input type="radio"/> Other Sign Language          |
| <input type="radio"/> Japanese                         | <input type="radio"/> Other (Specify: _____)       |
| <input type="radio"/> Korean                           | <input type="radio"/> Prefer not to say            |

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**3.** Do you, your family, loved ones, or any close others have undocumented status?

Select one.

- Yes
- No
- Prefer not to say
- Unsure/Don't Know

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4. Do you have a disability? (if yes, select all that apply) *A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.*

- Difficulty seeing
- Difficulty hearing or having speech understood
- Other communication disability (please specify)
- Learning Disability
- Developmental Disability
- Dementia
- Other mental disability not related to mental illness (please specify)
- Physical/mobility disability
- Chronic health condition/chronic pain
- Other:
- No, I do not have any of these disabilities
- Prefer not to say

5. What is your military status?

- Never served in the military
- Currently active duty
- Currently reserve duty or National Guard
- Previously served in the US military and received honorable or general discharge
- Previously served in the US military and received entry-level separation or other than honorable discharge
- Served in another country's military
- Other: (specify)
- Prefer not to say

6. What is your current marital status?

- Never married
- Married
- Domestic partnership
- Separated
- Divorced
- Widowed
- Other (Specify: \_\_\_\_\_)
- Prefer not to say

7. Do you have any children? (include biological, adopted, step-children)

- Yes
- No → Skip to Q17

- 
- Prefer not to say → *Skip to Q17*
  - Unsure/Don't know → *Skip to Q17*

**8.** Which of the below describes your children?

- Expecting a child
- Children less than age 18, in my custody
- Children less than age 18, not in my custody
- Children 18 or older
- Prefer not to say
- Unsure/Don't know

**9.** How old were you when your first child was born?

[TEXT FIELD (NUMBER)] years

- Prefer not to Say

**10.** Are you adopted (Including adopted by extended family)?

- Yes
- No
- Prefer not to say
- Unsure/Don't know

**11.** What is your current housing situation?

- Alone or with roommates (unsupervised)
- Living with biological or adoptive family
- Living in foster care
- Supervised apartment (some staff support), supported housing, or dependent living setup, without other individuals
- Group home or residential care with other individuals
- Homeless shelter, or sleeping outdoors
- Outdoors, in a car, on the street
- In temporary housing (e.g., couch surfing, temporarily living with family or friends)
- Other (Specify: \_\_\_\_\_)
- Prefer not to say
- Unsure/Don't know

---

**12.** In the past 6 months have you (select all that apply)

- 
- Lived on the street, in a shelter, in a car, or outdoors
  - Couch surfed, temporarily lived with family or friends, temporarily lived in a motel with a voucher because you did not have a permanent residence
  - Fled/attempted to flee domestic violence
  - Been evicted
  - Been kicked out of your home
  - Run away from home
  - Aged out of foster care
  - Become unemployed
  - Experienced another interruption in your employment (ie. reduced hours, furloughed)
  - None of the above
  - Prefer not to say

**13.** What is the zip code of your current housing location (where you have lived longest in the last month)?

\_\_\_\_ (6 Digits)

**14.** I feel safe walking in my neighborhood, day or night.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say
- Unsure/Don't know

**15.** Were you ever in the foster care system?

- Yes
- No
- Prefer not to say
- Unsure/Don't know

**16.** What type of health insurance do you currently have?

- Commercial insurance
- Medicaid/Medi-Cal
- No Insurance
- Unsure/Don't know
- Other (Specify)

**17.** Do you receive financial support from any of the following people?

- Mother (including step-mother)
- Father (including step-father)



- 
- Guardian
  - Spouse/partner
  - Other (Specify: \_\_\_\_\_)
  - Unsure/Don't know
  - I do not receive financial support from anyone

**18.** Do you currently receive Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)?

- Yes
- No, I never received SSI/SSDI → *Skip to Q28*
- No, I used to receive SSI/SSDI, but I no longer receive it
- Unsure/Don't know → *Skip to Q28*

**19.** About how old were you when you began receiving SSI/SSDI?

\_\_\_\_\_ years

**20.** Have you applied for SSI/SSDI in the past six months?

- Yes
- No

**21.** Do you currently receive any of the following other monetary supports?

- Disability benefits other than SSI/SSDI
- TANF or other income assistance
- Unemployment
- Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps
- CA Lifeline/Phone
- Income from a job (or jobs) I have
- Other (Specify: \_\_\_\_\_)
- Unsure/Don't know
- None

**22.** Are you at risk of losing your source of income in the next 6 months?

- Yes
- No
- Unsure/Don't know

**23.** Have you had COVID-19 related symptoms like a cough, fever, shortness of breath or difficulty breathing? (report the most recent episode)

- Yes, in the past six months
- Yes, more than six months ago
- No

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**24.** Have you been tested for the coronavirus? (report the most recent test)

- Yes, in the past six months
- Yes, more than six months ago
- No → *Skip to 34*

**25.** Have you ever tested positive for the coronavirus?

- Yes, I have been tested and I tested positive (I had/have coronavirus)
- No, I have been tested and I never tested positive (I did not have coronavirus)
- I have been tested, but I do not know the result

**26.** Have you received a vaccine for COVID-19?

- Yes
- No

## EDUCATION

*These next questions ask about your educational background. If you are currently attending school, there will be a few additional questions about your current experience in school. Please select the best response for each question.*

**1.** What is the highest grade you have completed?

Select one.

- Elementary School
- Middle School
- High school diploma or GED
- Professional/vocational certification program
- Two year college
- Four year college
- Advanced degree (e.g., MA, MD, PhD)
- Other (please specify)
- Unsure/Don't know

**2.** Are you currently working toward a goal related to school at this time, for example, to graduate high school or improve your grades?

- Yes
- No
- Not applicable
- Unsure/Don't know

**3.** Are you currently attending school?

- Not attending → *Skip to Q5*

- 
- Attending full-time
  - Attending part-time
  - Other (Specify: \_\_\_\_\_)
  - Unsure/Don't know → *Skip to Q5*

4. What type of school program are you attending?

- Elementary School
- Middle school
- High school
- Professional/ vocational certification program
- Two year college
- Four year college
- Graduate program
- Other (Specify: \_\_\_\_\_)
- Unsure/Don't know

5. Considering your most recent school year, have you received educational support and accommodation through any of the following formal or informal supports?

- Individual Education Plan (IEP)
- 504 plan
- College disability support office
- Private Tutoring
- Extra time with teacher
- Peer Support
- Family support (e.g. help with homework)

- 
- Other: (specify)
  - None of the above
  - Not applicable
  - Unsure/Don't Know

6. Have you been suspended or expelled from school?
- Yes, in the past six months
  - Yes, more than six months ago
  - No
  - Prefer not to say

## EMPLOYMENT AND RELATED ACTIVITIES

*These next questions ask about employment and other related activities, such as volunteering. Please select the best response for each question.*

1. Are you currently working toward a goal related to employment at this time, for example, to get a job or find a new job?
- Yes
  - No
  - Unsure/Don't know
2. Have you had an internship, apprenticeship, or done volunteer work any time in the past six months?
- Yes
  - No → **Skip to Q4**
  - Unsure/Don't know → **Skip to Q4**
3. Was this internship, apprenticeship, or volunteer work paid?
- Yes
  - No
4. Have you had to take any time away from your primary role (e.g. student, employee, homemaker) over the past 6 months?
- Yes
  - No
  - Prefer not to say

---

The next series of questions covers jobs you have had any time in the past six months. The first few questions ask about your current or most recent job. Later questions ask about up to two additional jobs you may have had any time in the past six months.

5. Have you had a paid job any time in the past six months?

- Yes
- No → *Skip to next section*

6. What is/was your job?

---

7. What type of work is/was this job?

- Traineeship
- Professional/ Technical/ Managerial (e.g., doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g., cashier, dog walker, food preparation)
- Construction/ Mechanical/ Factory Worker/ Maintenance
- Agricultural (e.g., farm, fishery, forest)
- Transportation (e.g., bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Other (Specify: \_\_\_\_\_)
- Unsure/Don't know

8. Is/was this a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?

- Full-time
- Part-time
- Other (Specify: \_\_\_\_\_)

9. About how much is/was your take-home pay per week in this position? (round to dollars, no cents)  
\$ \_\_\_\_\_

**JOB #2**

10. Have you had any other job during the past 6 months?

- Yes
- No → *Skip to next section*

11. What is/was your second job?

---

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**12. What type of work is/was your second job?**

- Traineeship
- Professional/ Technical/ Managerial (e.g., doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g., cashier, dog walker, food preparation)
- Construction/ Mechanical/ Factory Worker/ Maintenance
- Agricultural (e.g., farm, fishery, forest)
- Transportation (e.g., bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Other (Specify: \_\_\_\_\_)
- Unsure/Don't know

**13. Is/was your second job a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?**

- Full-time
- Part-time
- Other (Specify: \_\_\_\_\_)

**14. About how much was your take-home pay per week in your second job?** (round to dollars, no cents)  
\$ \_\_\_\_\_

**JOB #3**

**15. Have you had a third job during the past 6 months?**

- Yes
- No → *Skip to next section*

**16. What is/was your third job?**

\_\_\_\_\_

**17. What type of work is your third job?**

- Professional/ Technical/ Managerial (e.g., doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g., cashier, dog walker, food preparation)
- Construction/ Mechanical/ Factory Worker/ Maintenance
- Agricultural (e.g., farm, fishery, forest)
- Transportation (e.g., bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Other (Specify: \_\_\_\_\_)
- Unsure/Don't know

---

18. Is/was your third job a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?

- Full-time
- Part-time
- Other (Specify: \_\_\_\_\_)

19. About how much was your take-home pay per week in your third job? (round to dollars, no cents)  
\$ \_\_\_\_\_

## SOCIAL RELATIONSHIPS

*These next questions ask about your relationships with family and friends. Please select the best response for each question.*

1. I feel like at least one of my parents/guardians understands or tries to understand my mental health needs
  - Disagree Strongly
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Agree Strongly
  - Not applicable, my parents/guardians are not involved in my life
  - Prefer not to say
  - Unsure/Don't know
2. I have close relationships that provide me with a sense of emotional security and well-being.
  - Disagree Strongly
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Agree Strongly
  - Prefer not to say
  - Unsure/Don't know
3. I feel like I'm part of a group of people who share my attitudes and beliefs.
  - Disagree Strongly
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Agree Strongly
  - Prefer not to say
  - Unsure/Don't know
4. In the last 6 months, how often have your friends' bad habits/behaviors influenced you to do things you wouldn't usually do (i.e. use drugs, skip school, miss work, break curfew)?
  - Never

- 
- Rarely
  - Sometimes
  - Often
  - Prefer not to say
  - Unsure/Don't know

5. I prefer not to talk about my problems.

- Disagree Strongly
- Disagree
- Neither agree nor disagree
- Agree
- Agree Strongly
- Prefer not to say
- Unsure/Don't know

## SCORE-15 ("Family")

*These next questions ask about YOUR view of your family at the moment. "Your family" can mean the people living in your house, but you can choose who you see as your family. Choose the answer that best describes your experiences.*

1. In my family we talk to each other about things which matter to us.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

2. People often don't tell each other the truth in my family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

3. Each of us gets listened to in our family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all



- 
- Prefer not to say

**4. It feels risky to disagree in our family.**

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**5. We find it hard to deal with everyday problems.**

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**6. We trust each other.**

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**7. It feels miserable in our family.**

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**8. When people in my family get angry, they ignore each other on purpose**

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**9. We seem to go from one crisis to another in my family.**

---

- 
- Describes us very well
  - Describes us well
  - Describes us partly
  - Describes us not well
  - Describes us not at all
  - Prefer not to say

**10.** When one of us is upset, they get looked after within the family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**11.** Things always seem to go wrong for my family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**12.** People in the family are nasty to each other.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**13.** People in my family interfere too much in each other's lives.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

**14.** In my family, we blame each other when things go wrong.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well

- 
- Describes us not at all
  - Prefer not to say

**15.** We are good at finding new ways to deal with things that are difficult.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

---

# EPI-CAL Experiences Bundle (“My Experiences”)

## Legal Involvement And Related

*These next questions ask about experiences you may have had with the police or legal system. Please select the best response for each question.*

1. In the past six months, have you experienced any of the following?

- Interactions with the police in the community or at school
- Street stop or stop-and-frisk
- Police were called on you to respond to domestic dispute or mental health crisis
- Been part of a community-based diversion program (eg. Sacramento Area Congregations Together, San Diego Organizing Project, Resilience Orange County, Youth Justice Coalition)
- Been part of “voluntary” or “informal” probation (ie. pre-probation, probation lite)
- Spent at least one night in any kind of juvenile detention center (“juvie”)
- Spent at least one night in any kind of prison or jail
- Not counting minor traffic violations, been arrested and booked for breaking the law (being “booked” means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released)
- Been on probation
- Been on parole, supervised release, or other conditional release from prison
- Been convicted of a misdemeanor or DUI
- Been convicted of a felony
- None of the above
- Prefer not to say

2. What is the number of nights you have spent in jail over the past six months?

- \_\_\_\_\_
- None, does not apply

3. In the past six months, have you had court-ordered treatment?

- Yes
- No
- Unsure/Don’t know

## Substance Use

*These next questions ask about substances you may have used over the past 30 days. Please select the best response for each question.*

1. In the past 30 days, have you used nicotine, e-cigarettes, or vaped?

- Yes
- No → **Skip to Q3**
- Prefer not to say → **Skip to Q3**
- Don’t know → **Skip to Q3**

- 
2. In the past 30 days, how often have you used nicotine, e-cigarettes, or vaped?
- Daily
  - Weekly
  - Monthly
  - Less than once a month
3. In the past 30 days, have you used alcohol?
- Yes
  - No → **Skip to Q5**
  - Prefer not to say → **Skip to Q5**
  - Don't know → **Skip to Q5**
4. In the past 30 days, how often have you used alcohol?
- Daily
  - Weekly
  - Monthly
  - Less than once a month
5. In the past 30 days, have you used marijuana? (This refers to THC, not CBD alone)
- Yes
  - No → **Skip to Q8**
  - Prefer not to say → **Skip to Q8**
  - Don't know → **Skip to Q8**
6. In the past 30 days, how often have you used marijuana?
- Daily

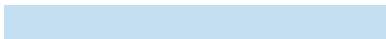
- 
- Weekly
  - Monthly
  - Less than once a month
7. Was the marijuana prescribed by a doctor or other healthcare professional?
- Yes
  - No
  - Prefer not to say
  - Don't know
8. In the past 30 days, have you used opioids? Opioids may include drugs such as Vicodin, Oxycontin, Hydrocodone, Percocet, and Methadone.
- Yes
  - No → **Skip to Q11**
  - Prefer not to say → **Skip to Q11**
  - Don't know → **Skip to Q11**
9. In the past 30 days, how often have you used opioids?
- Daily
  - Weekly
  - Monthly
  - Less than once a month
10. Were the opioids prescribed?
- Yes
  - No
  - Prefer not to say
  - Don't know
11. In the past 30 days, have you used non-prescribed stimulants (e.g., methamphetamine, cocaine, Adderall)?
- Yes
  - No → **Skip to next section**
  - Prefer not to say → **Skip to next section**
  - Don't know → **Skip to next section**
12. In the past 30 days, how often have you used non-prescribed stimulants (e.g., methamphetamine, cocaine, Adderall)?
- Daily
  - Weekly
  - Monthly
  - Less than once a month

## Modified Colorado Symptom Index (Personal Experiences Inventory)

The next questions are about problems that people sometimes have. Please think about how often you experienced certain problems and how often they bothered or distressed you during the past month. For each problem, please pick one answer choice that best describes how often you have had the problem in the past 30 days.

How often have they experienced the problem in the past 30 days?	Not at all	Once during the month	Several times during the month	Several times a week	At least every day	Prefer not to say
1. How often have you felt nervous, tense, worried, frustrated, or afraid?	0	1	2	3	4	
2. How often have you felt depressed?	0	1	2	3	4	
3. How often have you felt lonely?	0	1	2	3	4	
4. How often have others told you that you acted "paranoid" or "suspicious"?	0	1	2	3	4	
5. How often did you hear voices, or hear and see things that other people didn't think were there?	0	1	2	3	4	
6. How often did you have trouble making up your mind about something, like deciding where you wanted to go or what you were going to do, or how to solve a problem?	0	1	2	3	4	
7. How often did you have trouble thinking straight or concentrating on something you needed to do (like worrying so much or thinking about problems so much that you can't remember or focus on other things)?	0	1	2	3	4	
8. How often did you feel that your behavior or actions were strange or different from that of other people?	0	1	2	3	4	

How often have they experienced the problem in the past 30 days?	Not at all	Once during the month	Several times during the month	Several times a week	At least every day	Prefer not to say
9. How often did you feel out of place or like you did not fit in?	0	1	2	3	4	
10. How often did you forget important things?	0	1	2	3	4	
11. How often did you have problems with thinking too fast (thoughts racing)?	0	1	2	3	4	
12. How often did you feel suspicious or paranoid?	0	1	2	3	4	
13. How often did you feel like hurting yourself or killing yourself?	0	1	2	3	4	
14. How often have you felt like seriously hurting someone else?	0	1	2	3	4	





## Questionnaire About The Process Of Recovery (“Staying well questionnaire”)

For each question, select the response that best describes your experience over the last 7 days.

Your experience over the last 7 days	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
1. I feel better about myself					
2. I feel able to take chances in life					
3. I am able to develop positive relationships with other people					
4. I feel part of society rather than isolated					
5. I am able to assert myself					
6. I feel that my life has a purpose					
7. My experiences have changed me for the better					
8. I have been able to come to terms with things that have happened to me in the past and move on with my life					
9. I am basically strongly motivated to get better					
10. I can recognize the positive things I have done					
11. I am able to understand myself better					
12. I can take charge of my life					
13. I can actively engage with life					
14. I can take control of aspects of my life					
15. I can find the time to do the things I enjoy					

---

## Life Outlook

*These next questions ask about your satisfaction with certain aspects of your life. Please indicate to what extent you agree with the following statements.*

1. I feel like my current role (e.g. as a homemaker, full-time parent, volunteer, student or employee) will help me reach my long-term goals or the career I want.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
  - Prefer not to say
  
2. I am engaged in as much work, volunteering, or school as I want.
  - Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
  - Prefer not to say
  
3. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?  
(PWI Question 1)
  - 0- No satisfaction at all
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10- Completely satisfied
  
4. I feel more negative about myself or my abilities because I have experienced mental health challenges (i.e. psychosis, depression, anxiety).

- 
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
  - Prefer not to say

5. I believe that people think more negatively about me or my abilities because I have mental health challenges (or they would if they knew I had mental health challenges).

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Prefer not to say

---

# EPI-CAL Treatment Bundle (“My Treatment”)

## MEDICATIONS

*These next questions ask about your thoughts about taking medication and experiences you may have had with medications. Please select the best response for each question.*

1. Do you currently take any prescription medications?
  - Yes
  - No → **Ends survey**
  - Unsure/Don't know → **Ends survey**
  
2. Are you planning to stop taking your medication?
  - Yes
  - No
  - Prefer not to say
  - Unsure/don't know

## ADHERENCE ESITMATOR

*For each question, please select the response that best describes how you feel about the medicine you are currently taking.*

3. I am convinced of the importance of my prescription medicine.
  - Agree completely
  - Agree mostly
  - Agree somewhat
  - Disagree somewhat
  - Disagree mostly
  - Disagree completely
  
4. I worry that my prescription medicine will do more harm than good to me.
  - Agree completely

- 
- Agree mostly
  - Agree somewhat
  - Disagree somewhat
  - Disagree mostly
  - Disagree completely

5. I feel financially burdened by my out-of-pocket expenses for my prescription medicine.

- Agree completely
- Agree mostly
- Agree somewhat
- Disagree somewhat
- Disagree mostly
- Disagree completely

### **GASS (MODIFIED)**

*Please indicate if you have had any of the following health concerns over the past week.*

6. Have you felt sleepy during the day over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

7. Have you felt drugged or like a zombie over the past week?

- No

- 
- Yes
  - Prefer not to say
  - Unsure/don't know

**8.** Have you felt dizzy when you stood up and/or have you fainted over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**9.** Have you felt your heart beating irregularly or unusually fast over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**10.** Have your muscles been tense or jerky over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**11.** Have your hands or arms been shaky over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**12.** Have your legs felt restless and/or could you not sit still over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**13.** Have you been drooling over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**14.** Have your movements or walking been slower than usual over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**15.** Have you had uncontrollable movements of your face or body over the past week?

- 
- No
  - Yes
  - Prefer not to say
  - Unsure/don't know

**16.** Has your vision been blurry over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**17.** Has your mouth been dry over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**18.** Have you had difficulty passing urine over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**19.** Have you felt like you were going to be sick or have you vomited over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**20.** Have you had problems opening your bowels (constipation) over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**21.** Have you wet the bed over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**22.** Have you been very thirsty and/or passing urine frequently over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

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**23.** Have the areas around your nipples been sore and swollen over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**24.** Have you noticed fluid coming from your nipples over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**25.** Have you had problems enjoying sex over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**26.** Have you had problems getting an erection over the past week?

- No
- Yes
- Not applicable (not of male sex)
- Prefer not to say
- Unsure/don't know

**27.** Have you noticed a change in your periods over the past 3 months?

- No
- Yes
- Not applicable (not of female sex)
- Prefer not to say
- Unsure/don't know

**28.** Have you been gaining weight over the past 3 months?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**29.** Have you had problems with memory or concentration over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**30.** Have you had changes with your appetite over the past week?

- No
- Yes



- 
- Prefer not to say
  - Unsure/don't know

**31.** Have your muscles been too tense or still over the past week?

- No
- Yes
- Prefer not to say
- Unsure/don't know

**32.** Have any of these health concerns been distressing?

- No
- Yes
- Not Applicable (I did not experience any health concerns)
- Prefer not to say
- Unsure/don't know

### BRIEF ADHERENCE RATING SCALE (BARS)

**33.** Do you take any of these medications by mouth?: Aripiprazole (Abilify), Asenapine (Saphris), Brexpiprazole (Rexulti), Chlorpromazine (Largactil, Thorazine), Clozapine (Clozaril), Fluphenazine (Prolixin), Haloperidol (Haldol), Loxapine (Loxitane), Lurasidone (Latuda), Olanzapine (Zyprexa, Ozace), Paliperidone (Invega), Perphenazine (Trilafon), Quetiapine (Seroquel), Risperidone (Risperdal, Zepidone), Ziprasidone (Geodon, Zeldox)

- Yes
- No, I do not take any of these medications by mouth → Skip to GASS

**34.** In the last month, how many days did you TAKE LESS THAN the prescribed number of pills of the medication from the previous question?

- Never/almost never (0%-25% of the time)
- Sometimes (26%-50% of the time)
- Usually (51%-75% of the time)
- Always/almost always (76%-100% of the time)

---

## Intent to Attend and Complete Treatment Scale (Treatment)

*These next questions ask about your thoughts on treatment at your Early Psychosis program. Please select the best response for each question.*

1. How likely is it that you will attend the next appointment?

Not at all	Slightly	Moderately	Markedly	Extremely
0      1	2      3	4      5	6      7	8      9

2. How likely is it that you will complete the program?

Not at all	Slightly	Moderately	Markedly	Extremely
0      1	2      3	4      5	6      7	8      9

## Hospitalizations

*These next questions ask about experiences you may have had in the hospital or emergency room over the past six months. Please select the best response for each question.*

1. During the past six months, did you spend the night in a hospital for a mental health reason?

- Yes
- No → **Skip to Q4**

2. During the past six months, how many times did you spend the night in a hospital for a mental health reason?

\_\_\_\_\_

3. Were any of these hospitalizations over the past six months involuntary?

- Yes
- No

4. During the past six months, did you spend the night in a hospital for any reason?

- Yes
- No → **Skip to Q6**

5. During the past six months, what was the total number of nights you spent in any hospital?

\_\_\_\_\_

6. During the past six months, did you go to the emergency room for a mental health or substance use reason but did not stay overnight at the hospital?

- Yes
- No → **Skip to Q8**

7. During the past six months, how many times did you go to an emergency room for a mental health

---

or substance use reason without staying overnight?

\_\_\_\_\_

8. During the past six months, did you spend the night in a hospital, detox facility or a residential treatment facility for substance use?

- Yes
- No → *Skip to Q11*

9. During the past six months, how many times were you admitted to a hospital, detox facility or a residential treatment facility for substance use?

\_\_\_\_\_

---

10. During the past six months, what was the total number of nights you spent in that setting?

\_\_\_\_\_

11. During the past six months, apart from mental health or substance use treatment, did you spend the night in a hospital for a medical condition?

- Yes
- No → **Skip to Q14**

12. During the past six months, how many times were you admitted to a hospital for a medical condition?

\_\_\_\_\_

13. During the past six months, what was the total number of nights you spent in a hospital for a medical condition?

\_\_\_\_\_

14. During the past six months, did you go to the emergency room for a medical reason?

- Yes
- No → **Skip to Q16**

15. During the past six months, how many times did you go to the emergency room for a medical reason?

\_\_\_\_\_

16. During the past six months, did you spend the night in a crisis stabilization unit for a mental health or substance use reason?

- Yes
- No → **Skip to next section**

17. During the past six months, how many times were you admitted to a crisis stabilization unit for a mental health or substance use reason?

\_\_\_\_\_

18. During the past six months, what was the total number of nights you spent in a crisis stabilization unit?

\_\_\_\_\_

---

## SHARED DECISION MAKING QUESTIONNAIRE (SDM-Q-9) (“Shared Decision Making”)

For each statement, please indicate how much you agree or disagree.

1. Have you been receiving services at this clinic for at least 2 months?
  - Yes
  - No -> *ends survey*
  
2. My provider told me that there are different options for treating my medical condition.
  - Completely disagree
  - Strongly disagree
  - Somewhat disagree
  - Somewhat agree
  - Strongly agree
  - Completely Agree
  
3. My provider asked me which treatment option I prefer.
  - Completely disagree
  - Strongly disagree
  - Somewhat disagree
  - Somewhat agree
  - Strongly agree
  - Completely Agree
  
4. My provider and I thoroughly weighed the different treatment options.
  - Completely disagree
  - Strongly disagree
  - Somewhat disagree
  - Somewhat agree
  - Strongly agree
  - Completely Agree
  
5. My provider and I selected a treatment option together.
  - Completely disagree
  - Strongly disagree
  - Somewhat disagree
  - Somewhat agree
  - Strongly agree
  - Completely Agree

---

## End of Survey Questions

*Please wait until you have finished all other surveys to complete the following questions. Answer the questions to the best of your ability.*

**1.** Did someone help you complete this survey today?

- No -> *end survey*
- Yes

**2.** Who helped you complete this survey?

Select all that apply

- Clinic Staff member or Provider
- Support person (i.e. family member or friend that you include in your care)
- Other (please specify): \_\_\_\_\_

---

# EPI-CAL Trauma Adult (“Stressful Life Experiences”)

## Life Events Checklist (LEC-5) & PTSD Checklist for DSM-5 (PCL-5) (“Stressful Life Experiences”)

Client ID #: \_\_\_\_\_ Date of Administration: \_\_\_\_\_

Next are questions about difficult or stressful things that sometimes happen to people. Please select the best response for each question.

### Life Events Checklist (LEC-5) [OPTIONAL]

For each event please indicate if: a) it happened to you personally, b) you witnessed it happen to someone else, c) happened to you and you witnessed it happen to someone else, d) you learned about it happening to someone close to you, d) you’re not sure if it fits, or e) it doesn’t apply to you.

#### 1. Natural disaster (for example, flood, hurricane, tornado, earthquake)

- Happened to me       Witnessed it       Happened to me and witnessed it       Learned about it       Not sure       Does not apply

#### 2. If “Happened to me” selected: What age were you when the first natural disaster happened to you?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

#### 3. If “Witnessed it” selected: What age were you when you first witnessed a natural disaster?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

#### 4. If “Happened to me or witnessed it ” is selected: How old were you the FIRST time a natural disaster happened to you or you witnessed a natural disaster (whichever event occurred first)?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

#### 5. Fire or explosion

- Happened to me       Witnessed it       Happened to me and witnessed it       Learned about it       Not sure       Does not apply

#### 6. If “Happened to me” selected: What age were you when the first fire or explosion happened to you?

- 
- 0 – 4 years
  - 5-10 years
  - 11- 17 years
  - 18 years or older

7. If “Witnessed it” selected: What age were you when you first witnessed a fire or explosion?

- 0 – 4 years
- 5-10 years
- 11- 17 years
- 18 years or older

8. If “Happened to me or witnessed it ” is selected: How old were you the FIRST time a fire or explosion happened to you or you witnessed a fire or explosion(whichever event occurred first)?

- 0 – 4 years
- 5-10 years
- 11- 17 years
- 18 years or older

9. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)

- Happened to me
- Witnessed it
- Happened to me and witnessed it
- Learned about it
- Not sure
- Does not apply

10. If “Happened to me” selected: What age were you when the first transportation accident happened to you?

- 0 – 4 years
- 5-10 years
- 11- 17 years
- 18 years or older

11. If “Witnessed it” selected: What age were you when you first witnessed a transportation accident?

- 0 – 4 years
- 5-10 years
- 11- 17 years
- 18 years or older

12. If “Happened to me or witnessed it” is selected: How old were you the FIRST time a transportation accident happened to you or you witnessed a transportation accident(whichever event occurred first)?

- 0 – 4 years
- 5-10 years
- 11- 17 years
- 18 years or older

13. Serious accident at work, home, or during recreational activity

- Happened to me
- Witnessed it
- Happened to me and witnessed it
- Learned about it
- Not sure
- Does not apply



14. If “Happened to me” selected: What age were you when the first serious accident at work, home, or during recreation activity happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

15. If “Witnessed it” selected: What age were you when you first witnessed a serious accident at work, home or during recreational activity?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

16. If “Happened to me or witnessed it” is selected: How old were you the FIRST time a serious accident happened to you or you witnessed a serious accident(whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

17. Exposure to toxic substance (for example, dangerous chemicals, radiation)

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

18. If “Happened to me” selected: What age were you when the first exposure to a toxic substance happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

19. If “Witnessed it” selected: What age were you when you first witnessed exposure to a toxic substance?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

20. If “Happened to me or witnessed it” is selected: How old were you the FIRST time exposure to a toxic substance happened to you or you witnessed exposure to a toxic substance (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

21. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

22. If “Happened to me” selected: What age were you when the first occurrence of physical assault\_ happened to you?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

23. If “Witnessed it” selected: What age were you when you first witnessed physical assault?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

24. If “Happened to me or witnessed it” is selected: How old were you the FIRST time physical assault happened to you or you witnessed physical assault (whichever event occurred first)?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

25. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)  
 Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

26. If “Happened to me” selected: What age were you when the first occurrence of assault with a weapon happened to you?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

27. If “Witnessed it” selected: What age were you when you first witnessed assault with a weapon?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

28. If “Happened to me or witnessed it” is selected: How old were you the FIRST time assault with a weapon happened to you or you witnessed assault with a weapon (whichever event occurred first)?  
 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

29. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)  
 Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

**30.** If “Happened to me” selected: What age were you when the first occurrence of sexual assault happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**31.** If “Witnessed it” selected: What age were you when you first witnessed sexual assault?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**32.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time sexual assault happened to you or you witnessed sexual assault (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**33.** Being sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection, and/or survival.

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

**34.** If “Happened to me” selected: What age were you when the first occurrence of being sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection or survival happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**35.** If “Witnessed it” selected: What age were you when you first witnessed someone being sex trafficked, exploited, or trading sex for money, drugs, protection, affection, or survival?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**36.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time you were sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection, or survival happened to you or you witnessed someone being sex trafficked, exploited, or trading sex for money, drugs, protection, affection, or survival (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**37.** Other unwanted or uncomfortable sexual experience.

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

38. If “Happened to me” selected: What age were you when any other unwanted or uncomfortable sexual experience happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

39. If “Witnessed it” selected: What age were you when you first witnessed any other unwanted or uncomfortable sexual experience?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

40. If “Happened to me or witnessed it” is selected: How old were you the FIRST time any other unwanted or uncomfortable sexual experience happened to you or you witnessed any other unwanted or uncomfortable sexual experience (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

41. Combat or exposure to a war-zone (in the military or as a civilian)

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

42. If “Happened to me” selected: What age were you when the first combat or exposure to a war- zone happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

43. If “Witnessed it” selected: What age were you when you first witnessed combat or exposure to a war-zone?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

44. If “Happened to me or witnessed it” is selected: How old were you the FIRST time combat or exposure to a war-zone happened to you or you witnessed combat or exposure to a war-zone (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

45. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

- 
46. If “Happened to me” selected: What age were you when the first occurrence of captivity happened to you?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
47. If “Witnessed it” selected: What age were you when you first witnessed captivity?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
48. If “Happened to me or witnessed it” is selected: How old were you the FIRST time captivity happened to you or you witnessed captivity (whichever event occurred first)?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
49. Life-threatening illness or injury
- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply
50. If “Happened to me” selected: What age were you when the first life-threatening illness or injury happened to you?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
51. If “Witnessed it” selected: What age were you when you first witnessed a life-threatening illness or injury?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
52. If “Happened to me or witnessed it” is selected: How old were you the FIRST time a life-threatening illness or injury happened to you or you witnessed a life-threatening illness or injury (whichever event occurred first)?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
53. Severe human suffering
- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply
54. If “Happened to me” selected: What age were you when the first occurrence of severe human suffering happened to you?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
55. If “Witnessed it” selected: What age were you when you first witnessed severe human suffering?

- 
- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**56.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time severe human suffering happened to you or you witnessed severe human suffering (whichever event occurred first)?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**57.** Sudden, violent death (for example, homicide, suicide)

- Happened to me       Witnessed it       Happened to me and witnessed it       Learned about it       Not sure       Does not apply

**58.** If “Happened to me” selected: What age were you when the first occurrence of a sudden, violent death happened?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**59.** If “Witnessed it” selected: What age were you when you first witnessed a sudden, violent death?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**60.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time a sudden, violent death happened or you witnessed a sudden, violent death (whichever event occurred first)?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**61.** Sudden, unexpected death of someone close to you

- Happened to me       Witnessed it       Happened to me and witnessed it       Learned about it       Not sure       Does not apply

**62.** If “Happened to me” selected: What age were you when the first occurrence of a sudden, unexpected death of someone close to you happened to you?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

**63.** If “Witnessed it” selected: What age were you when you first witnessed a sudden, unexpected death of someone close to you?

- 0 – 4 years       5-10 years       11- 17 years       18 years or older

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- 64.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time a sudden, unexpected death of someone close to you happened to you or you witnessed a sudden, unexpected death of someone close to you (whichever event occurred first)?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 65.** Serious injury, harm, or death you caused to someone else
- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply
- 66.** If “Happened to me” selected: What age were you when the first occurrence of a serious injury, harm or death you caused happened?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 67.** If “Witnessed it” selected: What age were you when you first witnessed someone causing a serious injury, harm, or death to someone else?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 68.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time a serious injury, harm, or death you caused to someone else happened or you witnessed someone causing a serious injury, harm, or death to someone else (whichever event occurred first)?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 69.** Online or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.
- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply
- 70.** If “Happened to me” selected: What age were you when the first occurrence of someone asking or pressuring you to do something sexual online or in social media happened?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 71.** If “Witnessed it” selected: What age were you when you first witnessed someone asking or pressuring someone to do something sexual online or in social media?
- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older
- 72.** If “Happened to me or witnessed it”: How old were you the FIRST time an occurrence of someone asking or pressuring you to do something sexual online or in social media happened

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or you witnessed someone asking or pressuring someone to do something sexual online or in social media (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**73.** Someone bullying you in person or online. Saying very mean things that scare you.

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

**74.** If “Happened to me” selected: What age were you when the first occurrence of bullying in person or online happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**75.** If “Witnessed it” selected: What age were you when you first witnessed someone being bullied in person or online?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**76.** If “Happened to me or witnessed it” is selected: How old were you the FIRST time bullying in person or online happened to you or you witnessed someone being bullied in person or online (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**77.** Any other very stressful event or experience

- Happened to me                       Witnessed it                       Happened to me and witnessed it                       Learned about it                       Not sure                       Does not apply

**78.** If “Happened to me” selected: What age were you when any other very stressful event or experience happened to you?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

**79.** If “Witnessed it” selected: What age were you when you first witnessed any other very stressful event or experience?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older



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80. If “Happened to me or witnessed it” is selected: How old were you the FIRST time any other very stressful event or experience happened to you or you witnessed any other very stressful event or experience (whichever event occurred first)?

- 0 – 4 years                       5-10 years                       11- 17 years                       18 years or older

81. If “Happened to me”, “Witnessed it”, “Happened to me or witnessed it” or “Learned about it” to Q77 follow up with: If other very stressful event or experience, please describe:

\_\_\_\_\_ (free text)

***If you have experienced more than one of the events in the previous questions, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events from the previous questions, use that one as the worst event.***

82. Of all the events reported above, which one is bothering you the most right now?

- Natural disaster
- Fire or explosion
- Transportation accident (for example, car accident, boat accident, train wreck, plane crash)
- Serious accident at work, home, or during recreational activity
- Exposure to toxic substance (for example, dangerous chemicals, radiation)
- Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)
- Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)
- Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)
- Being sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection, and/or survival
- Other unwanted or uncomfortable sexual experience
- Combat or exposure to a war-zone (in the military or as a civilian)
- Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)
- Life-threatening illness or injury
- Severe human suffering
- Sudden, violent death (for example, homicide, suicide)
- Sudden, unexpected death of someone close to you
- Serious injury, harm, or death you caused to someone else
- Online or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.
- Someone bullying you in person or online. Saying very mean things that scare you.
- Any other very stressful event or experience
- Not applicable, I have not experienced any of these events

Client ID #: \_\_\_\_\_

Date of Administration: \_\_\_\_\_

**Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) [OPTIONAL]**

*The next questions are about problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then choose the best response to indicate how much you have been bothered by that problem in the past month.*

<b>In the past month, how much were you bothered by:</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4

<b>In the past month, how much were you bothered by:</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “super alert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

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# EPI-CAL Trauma Child (“Stressful Life Experiences”)

## Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17) (“Stressful Life Events”)

*Stressful or scary events happen to many people. The following questions are about whether you have experienced these events, how often they have bothered you, and whether they have caused any problems for you.*

*The next questions ask about stressful and scary events that sometimes happen. Select YES if it happened to you. Select No if it didn't happen to you.*

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.  
 No                       Yes                       I don't know                       Prefer not to say
  
2. If “Yes” selected: What age were you when you first experienced a natural disaster?  
 0 – 4 years old                       5-10 years old                       11- 17 years old
  
3. Serious accident or injury like a car/bike crash, dog bite, or sports injury.  
 No                       Yes                       I don't know                       Prefer not to say
  
4. If “Yes” selected: What age were you when you first experienced a serious accident or injury?  
 0 – 4 years old                       5-10 years old                       11- 17 years old
  
5. Slapped, punched, or beat up in your family.  
 No                       Yes                       I don't know                       Prefer not to say
  
6. If “Yes” selected: What age were you when you first experienced being slapped or punched in your family?  
 0 – 4 years old                       5-10 years old                       11- 17 years old
  
7. Slapped, punched, or beat up by someone not in your family.  
 No                       Yes                       I don't know                       Prefer not to say

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8. If “Yes” selected: What age were you when you first experienced being slapped or punched by someone outside of your family?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

9. Attacked, stabbed, shot at or hurt badly

- No                       Yes                       I don’t know                       Prefer not to say

10. If “Yes” selected: What age were you when you first experienced being attacked?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

11. Robbed by threat, force or weapon

- No                       Yes                       I don’t know                       Prefer not to say

12. If “Yes” selected: What age were you when you first experienced a robbery by threat?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

13. Seeing someone in your family get slapped, punched or beat up.

- No                       Yes                       I don’t know                       Prefer not to say

14. If “Yes” selected: What age were you when you first saw family member slapped or punched?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

15. Seeing someone in the community get slapped, punched or beat up.

- No                       Yes                       I don’t know                       Prefer not to say

16. If “Yes” selected: What age were you when you first saw community member slapped or punched?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

17. Someone older touching your private parts when they shouldn’t.

- No                       Yes                       I don’t know                       Prefer not to say

18. If “Yes” selected: What age were you when you first experienced someone older touching the client's private parts when they shouldn't?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

19. Someone forcing or pressuring sex, or when you couldn’t say no.

- 
- No                       Yes                       I don't know                       Prefer not to say

**20.** If “Yes” selected: What age were you when you first experienced someone older forcing or pressuring you into having sex?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

**21.** Online or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures.

- No                       Yes                       I don't know                       Prefer not to say

**22.** If “Yes” selected: What age were you when you first experienced someone asking or pressuring you to do something sexual online or in social media?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

**23.** Someone bullying you in person or online. Saying very mean things that scare you.

- No                       Yes                       I don't know                       Prefer not to say

**24.** If “Yes” selected: What age were you when you first experienced someone bullying you in person or online?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

**25.** Someone close to you dying suddenly or violently

- No                       Yes                       I don't know                       Prefer not to say

**26.** If “Yes” selected: What age were you when you first experienced someone close to you dying suddenly/violently?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

**27.** Stressful or scary medical procedure.

- No                       Yes                       I don't know                       Prefer not to say

**28.** If “Yes” selected: What age were you when you first experienced a stressful medical procedure?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

**29.** Being around war

- No                       Yes                       I don't know                       Prefer not to say

**30.** If “Yes” selected: What age were you when you first experienced being around or witnessing war?

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- 
- 0 – 4 years old                       5-10 years old                       11- 17 years old

31. Seeing someone attacked, stabbed, shot at, hurt badly or killed

- No                       Yes                       I don't know                       Prefer not to say

32. If "Yes" selected: What age were you when you first witnessed someone else being attacked?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

33. Being sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection and/or survival.

- No                       Yes                       I don't know                       Prefer not to say

34. If "Yes" selected: What age were you when you first experienced being sold for sex, trafficked, exploited, or trading sex for money, drugs, protection, affection, or survival?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

35. Other stressful or scary event?

- No                       Yes                       I don't know                       Prefer not to say

36. If "Yes" to Q35 : "If other stressful or scary event", please describe: \_\_\_\_\_

37. If "Yes" selected: What age were you when you first experienced this other stressful or scary event?

- 0 – 4 years old                       5-10 years old                       11- 17 years old

***If you have experienced more than one of the events in the previous questions, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events from the previous questions, use that one as the worst event.***

38. Of all the events previously reported, which one is bothering you the most right now?

- Natural disaster
- Serious accident (for example, car/bike crash, dog bite, sports injury)
- Slapped, punched, or beat up in your family
- Slapped, punched, or beat up by someone not in your family
- Attacked, stabbed, shot at or hurt badly
- Robbed by threat, force or weapon
- Seeing someone in your family get slapped, punched or beat up
- Seeing someone in the community get slapped, punched or beat up
- Someone older touching the client's private parts when they shouldn't
- Someone forcing or pressuring sex, or when you couldn't say no
- Online or in social media, someone asking or pressuring you to do something sexual. Like take or send

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pictures.

- Someone bullying you in person or online. Saying very mean things that scare you.
- Sudden or violent death to someone close to the client
- Stressful or scary medical procedure.
- Being around war
- Seeing someone attacked, stabbed, shot at, hurt badly or killed
- Being sold for sex, trafficked, exploited or trading sex for money, drugs, protection, affection and/or survival.
- Any other very stressful event or experience
- Not Applicable, I have not experienced any of these events. → end survey

*Please answer the following questions about how the stressful/scary event you chose in the previous question has bothered you in the past two weeks.*

<b>In the last two weeks, how often were you bothered by:</b>	<b>Never</b>	<b>Once in a while</b>	<b>Half the time</b>	<b>Almost always</b>
39. Upsetting thoughts or pictures about what happened that pop into your head.	0	1	2	3
40. Bad dreams reminding you of what happened.	0	1	2	3
41. Feeling as if what happened is happening all over again.	0	1	2	3
42. Feeling very upset when you are reminded of what happened.	0	1	2	3
43. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
44. Trying not to think about or talk about what happened. Or to not have feelings about it.	0	1	2	3
45. Staying away from people, places, things, or situations that remind you of what happened.	0	1	2	3
46. Not being able to remember part of what happened.	0	1	2	3



In the last two weeks, how often were you bothered by:	Never	Once in a while	Half the time	Almost always
47. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.	0	1	2	3
48. Blaming yourself for what happened, or blaming someone else when it isn't their fault.	0	1	2	3
49. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
50. Not wanting to do things you used to do.	0	1	2	3
51. Not feeling close to people.	0	1	2	3
52. Not being able to have good or happy feelings.	0	1	2	3
53. Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
54. Doing unsafe things.	0	1	2	3
55. Being overly careful or on guard (checking to see who is around you).	0	1	2	3
56. Being jumpy.	0	1	2	3
57. Problems paying attention.	0	1	2	3
58. Trouble falling or staying asleep.	0	1	2	3

Please chose "YES" or "NO" if the problems in the previous questions interfered with any of the following aspects of your life.

Do the problems described in the previous questions interfere with these aspects of your life?	Yes	No
59. Getting along with others	<input type="radio"/>	<input type="radio"/>
60. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>
61. School or work	<input type="radio"/>	<input type="radio"/>
62. Family relationships	<input type="radio"/>	<input type="radio"/>
63. General happiness	<input type="radio"/>	<input type="radio"/>

