Section 12 - Traumatic Experiences

Statement X **Now I'd like to ask you about experiences that people sometimes have following an extremely stressful or traumatic event, that is, an event that caused or threatened death, serious injury, or sexual violation.** **N12STX**

1a. *(SHOW FLASHCARD 45A)*

First, I would like to ask you about stressful events that have happened to many people. Please look at Card 45A. In your ENTIRE life, have any of these stressful or traumatic events EVER happened to YOU PERSONALLY?

1 ☐ Yes **N12Q1A**
2 ☐ No

b. *(SHOW FLASHCARD 45B)*

Now look at Card 45B. In your entire life, have you EVER PERSONALLY WITNESSED any of these traumatic or stressful events happening to a friend, relative or ANY OTHER person?

1 ☐ Yes **N12Q1B**
2 ☐ No

c. *(SHOW FLASHCARD 45B)*

In your entire life, have you EVER been REPEATEDLY EXPOSED to the details of any of the traumatic or stressful events listed on Card 45B? Please do not include events that you saw in pictures, on television or at the movies or in video games unless at work.

1 ☐ Yes **N12Q1C**
2 ☐ No

d. **Did you EVER personally experience, witness, or become exposed to the details of any other kind of traumatic or stressful event that could have caused or threatened death, serious injury, or sexual violation?**

1 ☐ Yes **N12Q1D**
2 ☐ No

2a. *(SHOW FLASHCARD 45B)*

In your entire life, did you EVER LEARN OR HEAR that any of the events listed on Card 45B happened to a relative or close friend? Include ONLY those events that you LEARNED or HEARD about that happened to a relative or close friend that were especially violent or accidental.

1 ☐ Yes **N12Q2A**
2 ☐ No

b. **Did you EVER LEARN or HEAR that any other kind of traumatic or stressful life events like this happened to a relative or close friend?**

1 ☐ Yes **N12Q2B**
2 ☐ No

CHECK ITEM 12.1 Is any item marked "Yes" in 1a-2b?

1 ☐ Yes
2 ☐ No – *Skip to Section 15A* **N12CK121**

(SHOW FLASHCARDS 45A AND 45B)

3. **You just mentioned some traumatic or stressful event(s) that HAPPENED to you, that you witnessed or learned about, or that happened to a close relative or friend or another person.**

In your entire life, which of these stressful events did you experience? Please just tell me the number to the left of the event on the card.

If more than 4 events, mark the 4 most severe events.

☐☐ Code 1 **N12Q31** **N12Q3**
☐☐ Code 2 **N12Q32**
☐☐ Code 3 **N12Q33**
☐☐ Code 4 **N12Q34**

CHECK ITEM 12.2 Is the number of events marked in 3, 2 or more?

1 ☐ Yes
2 ☐ No – *SKIP to 5a* **N12CK122**

4. **Which of these experiences would you single out as the MOST stressful and upsetting to you? Please just tell me the number to the left of the event on the card.**
(Mark one and only one.)

☐☐ Code **N12Q4**

5a. **Many people have reported having several reactions AFTER experiencing a traumatic or stressful event.**

AFTER (that/that worst) event happened…

Did you keep remembering the event even though you didn't want to?

1 ☐ Yes **N12Q5A**
2 ☐ No

b. **Have distressing memories of the event?**

1 ☐ Yes **N12Q5B**
2 ☐ No

c. **Have distressing dreams about the event?**

1 ☐ Yes **N12Q5C**
2 ☐ No

d. **Feel that you were reliving (that/that worst) event or that it was happening all over again?**

1 ☐ Yes **N12Q5D**
2 ☐ No

Section 12 - Traumatic Experiences (Continued)

5e.	**AFTER (that/that worst) event happened, did you find yourself acting as if the event was happening again, for example, reacting to sights or sounds like the ones you heard when it happened?**	1 ☐ Yes **N12Q5E** 2 ☐ No
f.	**Get very upset when you were reminded of (that/that worst) event? This could happen when someone reminded you of the event OR you were in a situation that reminded you of it, OR it could happen around the same time of year it happened.**	1 ☐ Yes **N12Q5F** 2 ☐ No
g.	**Have any physical reactions when something reminded you of (that/that worst) event, like breaking out in a sweat, breathing fast, or feeling your heart pounding? Again, this could happen when someone reminded you of the event OR in a situation that reminded you of it, OR around the same time of year it happened.**	1 ☐ Yes **N12Q5G** 2 ☐ No
h.	**Get so upset when you were reminded of the event that for a moment you didn't know where you were or what you were doing?**	1 ☐ Yes **N12Q5H** 2 ☐ No
i.	**Did you avoid thinking about or feeling anything about (that/that worst) event?**	1 ☐ Yes **N12Q5I** 2 ☐ No
j.	**Avoid conversations or seeing people that had anything to do with the event or reminded you of the event?**	1 ☐ Yes **N12Q5J** 2 ☐ No
k.	**Avoid going places, doing things or objects or situations that might bring back memories of (that/that worst) event?**	1 ☐ Yes **N12Q5K** 2 ☐ No
l.	**AFTER (that/that worst) event happened, did you find that you couldn't remember some important part of it?**	1 ☐ Yes **N12Q5L** 2 ☐ No
m.	**Feel you really couldn't expect the future to turn out the way you expected it to, in terms of your job, family or length of time you would live?**	1 ☐ Yes **N12Q5M** 2 ☐ No
n.	**Feel that the world was a completely dangerous place?**	1 ☐ Yes **N12Q5N** 2 ☐ No
o.	**Feel that no one could ever be trusted?**	1 ☐ Yes **N12Q5O** 2 ☐ No
p.	**Feel that your nerves were completely shot?**	1 ☐ Yes **N12Q5P** 2 ☐ No
q.	**Did you feel you were to blame for the event or what happened after the event?**	1 ☐ Yes **N12Q5Q** 2 ☐ No
r.	**Feel that others were to blame for the event or what happened as the result of the event?**	1 ☐ Yes **N12Q5R** 2 ☐ No
s.	**Often feel more frightened than usual?**	1 ☐ Yes **N12Q5S** 2 ☐ No
t.	**Often feel more angry than usual?**	1 ☐ Yes **N12Q5T** 2 ☐ No
u.	**Did you often feel more guilty or ashamed than usual?**	1 ☐ Yes **N12Q5U** 2 ☐ No
v.	**Often feel more horrified than usual?**	1 ☐ Yes **N12Q5V** 2 ☐ No
w.	**Find that you were much less interested in activities you usually enjoyed or that you participated much less than usual in such activities?**	1 ☐ Yes **N12Q5W** 2 ☐ No

Section 12 - Traumatic Experiences (Continued)

5x.	**AFTER (that/that worst) event happened, did you feel emotionally distant from other people, or cut off from others?**	1 ☐ Yes **N12Q5X** 2 ☐ No
y.	**Feel that you couldn't be positive about yourself?**	1 ☐ Yes **N12Q5Y** 2 ☐ No
z.	**Feel as though you couldn't feel positive or loving towards other people like you used to?**	1 ☐ Yes **N12Q5Z** 2 ☐ No
aa.	**Find yourself getting angry, irritable or combative with others more often than usual?**	1 ☐ Yes **N12Q5AA** 2 ☐ No
bb.	**Find that you were more reckless, like speeding, drinking too much, using drugs or doing anything else in which you or someone else could be hurt?**	1 ☐ Yes **N12Q5BB** 2 ☐ No
cc.	**Did you find yourself being more watchful or alert even though it probably wasn't necessary?**	1 ☐ Yes **N12Q5CC** 2 ☐ No
dd.	**Find that you were unusually jumpy or easily startled by sudden noises?**	1 ☐ Yes **N12Q5DD** 2 ☐ No
ee.	**Find that you were having difficulty concentrating or keeping your mind on things?**	1 ☐ Yes **N12Q5EE** 2 ☐ No
ff.	**Have trouble falling asleep, staying asleep, or was your sleep so restless, you often woke up tired?**	1 ☐ Yes **N12Q5FF** 2 ☐ No
gg.	**Feel you lost your soul forever?**	1 ☐ Yes **N12Q5GG** 2 ☐ No
CHECK ITEM 12.3	Is at least 1 item marked "Yes" in 5a-h AND at least 1 item marked "Yes" in 5i-k AND is Box D positive AND is Box E positive?	1 ☐ Yes 2 ☐ No - *SKIP to Section 15A* **N12CK123**
6a.	**How long after (that/that worst) event happened did you BEGIN to experience SOME of these reactions?** *(If less than 1 week, enter 1 week.)*	_____ Week(s) **N12Q6ACONT, N12Q6AUNIT** OR _____ Month(s) OR _____ Year(s)
b.	**About how old were you when SOME of these reactions FIRST BEGAN to happen around the same time?**	_____ Age **N12Q6B**
c.	**Did SOME of these reactions you just mentioned happen around the same time for at least 1 month?**	1 ☐ Yes **N12Q6C** 2 ☐ No - *SKIP to Section 15A*
8a.	**Now I'd like to ask you about some other things that might have happened to you after (that/that worst) event when you also had some of the other reactions you mentioned at the same time.** **During that time, were you very upset by any of these reactions?**	1 ☐ Yes **N12Q8A** 2 ☐ No
b.	**Did any of these reactions distress you a lot?**	1 ☐ Yes **N12Q8B** 2 ☐ No
c.	**Did any of these reactions interfere with your daily life?**	1 ☐ Yes **N12Q8C** 2 ☐ No
d.	**Did any of these reactions make it harder for you to take care of your everyday responsibilities?**	1 ☐ Yes **N12Q8D** 2 ☐ No
e.	**Did any of these reactions cause you problems in your relationships or social life?**	1 ☐ Yes **N12Q8E** 2 ☐ No
f.	**Did any of these reactions cause you problems at work or school?**	1 ☐ Yes **N12Q8F** 2 ☐ No

Section 12 - Traumatic Experiences (Continued)

9. **About how old were you the FIRST time (that/ANY of these) stressful event(s) caused you to have SOME of these reactions we talked about for at least 1 month?**

_____ Age **N12Q9**

CHECK ITEM 12.4 Is respondent's age in 9 within 1 year of his/her present age or is present age or age in 9 unknown?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.5* **N12CK124**

10. **Did this FIRST time BEGIN to happen in the last 12 months?**

1 ☐ Yes **N12Q10**
2 ☐ No

CHECK ITEM 12.5 Is "Yes" marked in Check Item 12.2?

1 ☐ Yes
2 ☐ No - *SKIP to 13a* **N12CK125**

(SHOW FLASHCARD 45A and 45B)

11. **What was the stressful event that caused you to have SOME of those reactions for the FIRST time? Please just tell me the number to the left of the event on the card.**

(If more than 1, code the most stressful.)

☐☐ Code **N12Q11**

12. **How long after this event happened did you FIRST BEGIN to have some of those reactions?**

(If less than 1 week, enter 1 week.)

_____ Week(s) **N12Q12UNIT, N12Q12CONT**
OR
_____ Month(s)
OR
_____ Year(s)

13a. **Since that time BEGAN, have all of those reactions gone away completely?**

1 ☐ Yes
2 ☐ No - *SKIP to 14* **N12Q13A**

CHECK ITEM 12.6 Is "Yes" marked in 10?

1 ☐ Yes - *SKIP to 14* **N12CK126**
2 ☐ No

13b. **Did that time when ALL of these reactions went away completely BEGIN to happen in the LAST 12 months?**

1 ☐ Yes **N12Q13B**
2 ☐ No

14. **In your ENTIRE LIFE, how many SEPARATE times were there when you were experiencing reactions to a stressful or traumatic event?**

By separate times, I mean times separated by at least 2 months when you DIDN'T experience ANY of these reactions.

_____ Number **N12Q14**

CHECK ITEM 12.7 Is number in 14, 2 or more or D or R?

1 ☐ Yes - *SKIP to 16* **N12CK127**
2 ☐ No

15. **How long did this time last when you were having some of these reactions because of experiencing this stressful event?**

_____ Month(s)
OR
_____ Year(s)
N12Q15CONT, N12Q15UNIT
SKIP to Check Item 12.10A

16. **How old were you the MOST RECENT time a stressful event caused you to have SOME of those reactions you mentioned for at least 1 month?**

_____ Age **N12Q16**

CHECK ITEM 12.8 Is respondent's age in 16 within 1 year of his/her present age or is present age or age in 16 unknown?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.9* **N12CK128**

17. **Did this MOST RECENT time BEGIN to happen in the last 12 months?**

1 ☐ Yes **N12Q17**
2 ☐ No

CHECK ITEM 12.9 Is "1" marked in Check Item 12.2?

1 ☐ Yes
2 ☐ No - *SKIP to 20* **N12CK129**

(SHOW FLASHCARD 45A and 45B)

18. **What was the stressful event that caused you to have SOME of those reactions MOST RECENTLY? Please just tell me the number to the left of the event on the card.**

(If more than 1, code the most stressful.)

☐☐ Code **N12Q18**

19. **How long AFTER this event happened did you BEGIN to have some of these reactions?**

(If less than 1 week, enter 1 week.)

_____ Week(s) **N12Q19CONT, N12Q19UNIT**
OR
_____ Month(s)
OR
_____ Year(s)

Section 12 - Traumatic Experiences (Continued)

20. **Since that MOST RECENT time BEGAN, have ALL of those reactions gone away completely?**

1 ☐ Yes
2 ☐ No - *SKIP to 22a* **N12Q20**

CHECK ITEM 12.10 Is "Yes" marked in 17?

1 ☐ Yes - *SKIP to 22a* **N12CK1210**
2 ☐ No

21. **Did that MOST RECENT time when ALL of those reactions went away completely BEGIN to happen in the last 12 months?**

1 ☐ Yes **N12Q21**
2 ☐ No

22a. **How long did (this/your) MOST RECENT period last when you had SOME of these reactions because of experiencing a stressful event?**
(If less than 1 month, enter 1 month.)

_____ Month(s) **N12Q22ACONT, N12Q22AUNIT**
OR
_____ Year(s)

b. **In your ENTIRE LIFE, what is the LONGEST period you've had SOME of these reactions because of experiencing a stressful event?**
(If less than 1 month, enter 1 month.)

_____ Month(s) **N12Q22BCONT, N12Q22BUNIT**
OR
_____ Year(s)

CHECK ITEM 12.10A Is Item 7, Section 6 marked "Yes" or is Item 31, Section 6 marked "Yes"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.10B* **N12CK1210A**

22c. **During (that time /ANY of those times) when you were having SOME of these reactions, did you EVER have a panic attack?**

1 ☐ Yes – *SKIP to 23a* **N12Q22C**
2 ☐ No – *SKIP to 22d*

CHECK ITEM 12.10B Is Check Item 6.2, Section 6, marked "Yes" or is Check Item 6.17, Section 6 marked "Yes"?

1 ☐ Yes
2 ☐ No - *SKIP to 23a* **N12CK1210B**

22d. **During (that time /ANY of those times) did you EVER have some symptoms related to a panic attack?**

1 ☐ Yes **N12Q22D**
2 ☐ No

23a. **Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help get over those reactions you experienced as a result of a stressful event?**

1 ☐ Yes **N12Q23A**
2 ☐ No

b. **Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to help get over those reactions you experienced as a result of a stressful event?**

1 ☐ Yes **N12Q23B**
2 ☐ No

24. **Were you EVER a patient in a hospital for at least 1 night because of those reactions?**

1 ☐ Yes **N12Q24**
2 ☐ No

25. **Did you EVER go to an emergency room for help when you were having those reactions?**

1 ☐ Yes **N12Q25**
2 ☐ No

26. **Did a doctor EVER prescribe any medicines or drugs to help you get over those reactions?**

1 ☐ Yes **N12Q26**
2 ☐ No

CHECK ITEM 12.11 Is at least 1 item marked "Yes" in 23a - 26?

Did respondent seek help for their reactions?

1 ☐ Yes
2 ☐ No – *SKIP to Section 15A* **N12CK1211**

27. **About how old were you the FIRST time you went anywhere or talked to anyone to get help for your reactions?**

_____ Age **N12Q27**

CHECK ITEM 12.12 Is age in 27 equal to respondent's current age?

1 ☐ Yes - *SKIP to Section 15A* **N12CK1212**
2 ☐ No

28. **Did you go anywhere or talk to anyone to get help for your reactions in the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to Section 15A* **N12Q28**

CHECK ITEM 12.12A Is age in 27 at least 2 years less than respondent's current age?

1 ☐ Yes - *SKIP to Section 15A* **N12CK1212A**
2 ☐ No

29. **Did you go anywhere or talk to anyone to get help for your reactions BEFORE 12 months ago, that is, BEFORE last (***Month one year ago***)?**

1 ☐ Yes
2 ☐ No
} *Go to Section 15A* **N12Q29**