I. STUDY NUMBER _____

II. TODAY'S DATE __ __ / __ __ / __ __

III. RA INITIALS ___ ___ ___

PERSONAL SAFETY QUESTIONNAIRE

- **This questionnaire will take approximately 5 minutes to complete.**
- **No matter what answers you give on the questionnaire, we will not share them with your clinician or anyone else.**
- **Please remember that you do not have to answer any question that you don't want to. Choosing not to answer will not affect your participation in the study or your health care in any way.**

We appreciate your willingness to answer these questions confidentially, so that we can find new ways to improve the health and safety of all women.

According to Massachusetts's law, we are required to report to the Department of Social Services our knowledge of ongoing abuse of children, the elderly, or the disabled. Because these questions do not ask whether abuse is ongoing, we are not required to and will not report your answers. However, if you were to volunteer additional information about ongoing abuse of a child, disabled person, or person over the age of 65, we may have to bring it to the attention of DSS.

SECTION A

These questions (A1-A4) ask about people hurting you on purpose.

A1. When you were a child (up to age 11), did anyone who was at least 5 years older than you ever……

	Yes	No	**i. If YES**, how often did this happen?	More than a few times	A few times or less
a) Push, grab, or shove you	❑1	❑2	**If YES**, this happened…	❑1	❑2
b) Kick, bite, or punch you	❑1	❑2	**If YES**, this happened…	❑1	❑2
c) Hit you with something that hurt your body	❑1	❑2	**If YES**, this happened…	❑1	❑2
d) Choke or burn you	❑1	❑2	**If YES**, this happened…	❑1	❑2
e) Force you to have sexual activities	❑1	❑2	**If YES**, this happened…	❑1	❑2
f) Physically attack you in some other way	❑1	❑2	**If YES**, this happened…	❑1	❑2

A2. When you were a teenager (age 12-17), did anyone ever……

	Yes	No	**i. If YES**, how often did this happen?	More than a few times	A few times or less
a) Push, grab, or shove you	❑1	❑2	**If YES**, this happened…	❑1	❑2
b) Kick, bite, or punch you	❑1	❑2	**If YES**, this happened…	❑1	❑2
c) Hit you with something that hurt your body	❑1	❑2	**If YES**, this happened…	❑1	❑2
d) Choke or burn you	❑1	❑2	**If YES**, this happened…	❑1	❑2
e) Force you to have sexual activities	❑1	❑2	**If YES**, this happened…	❑1	❑2
f) Physically attack you in some other way	❑1	❑2	**If YES**, this happened…	❑1	❑2

These questions (A3-A4) ask about people hurting you on purpose.

A3. From when you were age 18 until this pregnancy, did anyone ever……

	Yes	No	**i. If YES**, how often did this happen?	More than a few times	A few times or less
a) Push, grab, or shove you	❑1	❑2	**If YES**, this happened…	❑1	❑2
b) Kick, bite, or punch you	❑1	❑2	**If YES**, this happened…	❑1	❑2
c) Hit you with something that hurt your body	❑1	❑2	**If YES**, this happened…	❑1	❑2
d) Choke or burn you	❑1	❑2	**If YES**, this happened…	❑1	❑2
e) Force you to have sexual activities	❑1	❑2	**If YES**, this happened…	❑1	❑2
f) Physically attack you in some other way	❑1	❑2	**If YES**, this happened…	❑1	❑2

A4. During this pregnancy, has anyone ever……

	Yes	No	**i. If YES**, how often has this happened?	More than a few times	A few times or less
a) Pushed, grabbed, or shoved you	❑1	❑2	**If YES**, this happened…	❑1	❑2
b) Kicked, bit, or punched you	❑1	❑2	**If YES**, this happened…	❑1	❑2
c) Hit you with something that hurt your body	❑1	❑2	**If YES**, this happened…	❑1	❑2
d) Choked or burned you	❑1	❑2	**If YES**, this happened…	❑1	❑2
e) Forced you to have sexual activities	❑1	❑2	**If YES**, this happened…	❑1	❑2
f) Physically attacked you in some other way	❑1	❑2	**If YES**, this happened…	❑1	❑2

A5. At any time in your life, have you seen or heard other people being sexually or physically hurt in your home?

❑1 Yes

❑2 No

Questions A6-10 ask about whether or not you have lived in fear that someone would harm you.

By lived in fear we mean that you went through a period of several months or more in which you felt afraid.

A6. When you were a child (up to age 11), did you live in fear that someone would…….

	Yes	No	**i. If YES**, how much of the time did you feel this way?	Most of the time	Some of the time
a) Force you to have sexual activities	❑1	❑2	**If YES**, I felt this way	❑1	❑2
b) Physically attack you in some other way	❑1	❑2	**If YES**, I felt this way	❑1	❑2

A7. When you were a teenager (age 12-17), did you live in fear that someone would…….

	Yes	No	**i. If YES**, how much of the time did you feel this way?	Most of the time	Some of the time
a) Force you to have sexual activities	❑1	❑2	**If YES**, I felt this way	❑1	❑2
b) Physically attack you in some other way	❑1	❑2	**If YES**, I felt this way	❑1	❑2

A8. From when you were age 18 until this pregnancy, did you live in fear that someone would..……

	Yes	No	**i. If YES**, how much of the time did you feel this way?	Most of the time	Some of the time
a) Force you to have sexual activities	❑1	❑2	**If YES**, I felt this way	❑1	❑2
b) Physically attack you in some other way	❑1	❑2	**If YES**, I felt this way	❑1	❑2

A9. During this pregnancy, have you lived in fear that someone would ……

	Yes	No	**i. If YES**, how much of the time did you feel this way?	Most of the time	Some of the time
a) Force you to have sexual activities	❑1	❑2	**If YES**, I felt this way	❑1	❑2
b) Physically attack you in some other way	❑1	❑2	**If YES**, I felt this way	❑1	❑2

A**10.** At any time in your life, have you lived in fear that someone would sexually or physically hurt someone else in your home?

❑$_1$ Yes

❑$_2$ No

If you have never had any of the experiences listed in questions A1-10, please skip to Section B on page 7.

A**11**. How often do you currently feel troubled by the experiences you told us about in questions A1-10?

All of the time	Some of the time	Rarely	Never
❑$_1$	❑$_2$	❑$_3$	❑$_4$

A**12.** We are interested in whether the experiences in questions A1-10 caused feelings that have stayed with you. Over time, have these experiences made you feel more…

		YES	**NO**
a)	Afraid	❑$_1$	❑$_2$
b)	Angry	❑$_1$	❑$_2$
c)	Powerful	❑$_1$	❑$_2$
d)	Sad, hopeless, or powerless	❑$_1$	❑$_2$
e)	Humiliated or ashamed	❑$_1$	❑$_2$
f)	Like I deserved better	❑$_1$	❑$_2$
g)	Like I could kill someone	❑$_1$	❑$_2$
h)	Numb	❑$_1$	❑$_2$
i)	Worthless or self-hating	❑$_1$	❑$_2$
j)	Pity or compassion for the person who hurt me	❑$_1$	❑$_2$
k)	Like I wanted revenge	❑$_1$	❑$_2$
l)	Other, specify: _____	❑$_1$	❑$_2$

A**13.** Now we'd like to ask you about your responses to the worst of the experiences you told us about in questions A1-10. Please include both your immediate responses and the responses you have had over time.

a) Have you responded by…..	**YES**	**NO**
i) Seeking counseling/therapy or joining a support group	❑1	❑2
ii) Accepting it	❑1	❑2
iii) Turning to drugs or alcohol	❑1	❑2
iv) Joining an antiviolence activist group	❑1	❑2
v) Attempting suicide or hurting myself	❑1	❑2
vi) Fighting back	❑1	❑2
vii) Keeping it to myself	❑1	❑2
viii) Ignoring or forgetting it	❑1	❑2
ix) Praying	❑1	❑2
x) Going to the police or legal services	❑1	❑2
xi) Getting a weapon	❑1	❑2
xii) Moving out or going to a shelter	❑1	❑2
xiii) Talking to friends and/or family about it	❑1	❑2

b) Have you had any other responses?	**YES** ❑1	**NO** ❑2

i) **If YES**, Please describe your other responses:

_____

_____

_____

SECTION B

Some of the questions in this section might appear to be similar to questions that you've already answered. Please keep in mind however that the following questions are about your childhood home environment up to age 11.

		Never true	Rarely true	Sometimes true	Often true	Very often true
B1.	People in my family hit me so hard it left me with bruises and marks	❑1	❑2	❑3	❑4	❑5
B2.	The punishments I received seemed cruel.	❑1	❑2	❑3	❑4	❑5
B3.	I was punished with a belt, a board, a cord, or some other hard object.	❑1	❑2	❑3	❑4	❑5
B4.	Someone in my family yelled or screamed at me.	❑1	❑2	❑3	❑4	❑5
B5.	People in my family said hurtful or insulting things to me.	❑1	❑2	❑3	❑4	❑5
B6.	I felt like there was someone in my family who wanted me to be a success.	❑1	❑2	❑3	❑4	❑5
B7.	There was someone in my family who helped me feel that I was important or special	❑1	❑2	❑3	❑4	❑5
B8.	My family was a source of strength and support.	❑1	❑2	❑3	❑4	❑5
B9.	People in my family believed in me.	❑1	❑2	❑3	❑4	❑5
B10.	Someone in my family believed in me.	❑1	❑2	❑3	❑4	❑5
B11.	I believe that I was sexually abused in the family.	❑1	❑2	❑3	❑4	❑5
B12.	Someone molested me in the family.	❑1	❑2	❑3	❑4	❑5

Please check to make sure you have not accidentally skipped any pages or questions.

Then, put this questionnaire in the envelope and hand it to the research assistant.

THANK YOU!