

I. STUDY NUMBER	_____
II. TODAY'S DATE	___ / ___ / ___
III. RA INITIALS	____

PERSONAL SAFETY QUESTIONNAIRE

- **This questionnaire will take approximately 2 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.

PERSONAL SAFETY

A1. When you were a child (up to age 11), were you ever touched in a sexual way by an adult or older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?

- ₁ No, this never happened
- ₂ Yes, a few times or less
- ₃ Yes, more than a few times

A2. When you were a child (up to age 11), did an adult or an older child ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

- ₁ No, this never happened
- ₂ Yes, a few times or less
- ₃ Yes, more than a few times

A3. When you were a teenager (age 12 to 17), did anyone ever touch you in a sexual way or force you to touch him/her in a sexual way when you did not want to?

- ₁ No, this never happened
- ₂ Yes, a few times or less
- ₃ Yes, more than a few times

A4. When you were a teenager (age 12 to 17), did anyone ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

- ₁ No, this never happened
- ₂ Yes, a few times or less
- ₃ Yes, more than a few times

This question asks about people hurting you on purpose.

A5. Since your baby was born, has anyone.....

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

This next question asks about whether or not you have lived in fear that someone would harm you. By lived in fear we mean that you have gone through a period of several months or more in which you felt afraid.

A6. Since your baby was born, have you lived in fear that someone would...

			i. If YES, how much of the time did you feel this way?	
	Yes	No	Most of the time	Some of the time
a) Force you to have sexual activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Physically attack you in some other way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂