Emotional Health History and Well-Being

The following questions ask about your emotional health and well-being. Participating in this survey will help us understand emotional health and well-being and how they affect overall health. This survey will take approximately 8 minutes to complete.

Please answer each question as honestly as possible. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you must spend a long time over each question. The first answer that comes to you is usually the best one. If you aren’t sure how to answer a question, choose the best answer from the options given. Some questions also let you say if you don’t know an answer or would rather not answer. Some of the questions may be sensitive. You can choose not to answer any question.

Feelings of general anxiety and worry

Everyone worries from time to time. The next questions have to do with anxiety and feelings of worry. Your answers may help researchers better understand how anxiety affects physical and mental health. Sharing your experiences could also improve how to identify and treat anxiety for more people.

Over the last 2 weeks, how often have you been bothered by the following problems? Feeling nervous, anxious, or on edge

(Help Text: On edge: Feeling tense or uneasy)

[Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Feeling nervous, anxious, or on edge]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problems? Not being able to stop or control worrying

[Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Not being able to stop or control worrying]
Over the last 2 weeks, how often have you been bothered by the following problems?

**Worrying too much about different things**

Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Worrying too much about different things

- Not at all
- Several days
- More than half the days
- Nearly every day

**Trouble relaxing**

Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Trouble relaxing

- Not at all
- Several days
- More than half the days
- Nearly every day

**Being so restless that it's hard to sit still**

Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Being so restless that it's hard to sit still

- Not at all
- Several days
- More than half the days
- Nearly every day

**Becoming easily annoyed or irritable**

(Help Text: Annoyed or irritable: Becoming easily angry or losing one's temper easily.)

Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Becoming easily annoyed or irritable
Over the last 2 weeks, how often have you been bothered by the following problems?
Feeling afraid as if something awful might happen

[Original source question text: In the past 2 weeks, how often have you been bothered by the following problem? Feeling afraid as if something awful might happen]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problems?
In your life, was there a period of 6 months or longer when you had problems with worry and anxiety?

[Original source question text: In your life, was there a period of 6 months or longer when you had problems with worry and anxiety?]

- Yes
- No

**Branching Logic: If “No” is selected, then skip to the “Mood and Sadness” section. When “Yes,” is selected then continue:**

Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...
Feel worried and anxious?

[Original source question text: Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...Feel worried and anxious?]

- All or almost all of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...

Worry about a number of different things in your life, such as your work, family, health, or finances?³

[Original source question text: Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...Worry about a number of different things in your life, such as your work, family, health, or finances?]

- All or almost all of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...

Worry excessively or too much?³

(Help Text: Excessively: More than necessary.)

[Original source question text: Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...Worry excessively or too much?]

- All or almost all of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...

Have trouble controlling your worry?³

[Original source question text: Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...Have trouble controlling your worry?]

- All or almost all of the time
Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...

Feel restless, keyed up, or on edge?

(Help Text: Keyed up, or on edge: Feeling nervous or excited)

[Original source question text: Think of a time in your life lasting 6 months or longer when you had the largest number of problems with worry and anxiety. During those 6 months, how often did you...Feel restless, keyed up, or on edge?]

- All or almost all of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Branching Logic: If “Some of Time”, “Most of the Time”, or “All or almost all the time” are selected for “Feel worried and anxious” AND if “A Little of the Time”, “Some of Time”, “Most of the Time”, or “All or almost all the time” are selected for “Worry about a number of different things in your life, such as your work, family, health, or finances?”, then continue to the remaining questions of this section. All other responses skip to the “Mood and Sadness section.

During those 6 months, how often did you...

Have difficulty concentrating or your mind going blank?

(Help Text: Mind going blank: When you forget what you were thinking about or you cannot think clearly.)

[Original source question text: During those 6 months, how often did you...Have difficulty concentrating or your mind going blank]

- All or almost all of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During those 6 months, how often did you...
Feel irritated, annoyed, or grouchy?  
[Original source question text: During those 6 months, how often did you...Feel irritated, annoyed, or grouchy?]  
- All or almost all of the time  
- Most of the time  
- Some of the time  
- A little of the time  
- None of the time  

During those 6 months, how often did you...  
Have muscle aches or tension?  
[Original source question text: During those 6 months, how often did you...Have muscle aches or tension?]  
- All or almost all of the time  
- Most of the time  
- Some of the time  
- A little of the time  
- None of the time  

During those 6 months, how often did you...  
Have difficulty falling or staying asleep or have restless, unsatisfying sleep?  
[Original source question text: During those 6 months, how often did you...Have difficulty falling or staying asleep or have restless, unsatisfying sleep?]  
- All or almost all of the time  
- Most of the time  
- Some of the time  
- A little of the time  
- None of the time  

About how old were you when you first began having problems with anxiety or worrying? If you don’t know, please use your best guess.  
[How old were you the very first time you had an episode lasting 6 months or longer when you were worried and anxious more days than not?]  
- ___________ Years Old  

Mood and sadness
Everyone experiences sadness every now and then. When a person is sad for a long time, that may be a sign they need treatment. The next questions have to do with feelings of depression. The questions you answer today could lead to tomorrow’s treatment.

Over the last 2 weeks, how often have you been bothered by the following problem: **Little interest or pleasure in doing things**

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Little interest or pleasure in doing things]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem: **Feeling down, depressed, or hopeless**

(Help Text: Feeling down: Feeling sad)

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Feeling down, depressed, or hopeless]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem: **Trouble falling or staying asleep, or sleeping too much**

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Trouble falling or staying asleep, or sleeping too much]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem: **Feeling tired or having little energy**

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Feeling tired or having little energy]
Over the last 2 weeks, how often have you been bothered by the following problem:
**Poor appetite or overeating**
(Help Text: Poor appetite: Little or no interest in eating food; not hungry. Overeating: Eating a large amount of food in a short amount of time.)

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Poor appetite or overeating]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem:
**Feeling bad about yourself or that you are a failure or have let yourself or your family down**

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Feeling bad about yourself or that you are a failure or have let yourself or your family down]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem:
**Trouble concentrating on things, such as reading the newspaper or watching television**

(Help Text: Trouble concentrating: Not able to give your full attention to something.)

[Original source question text: Over the last 2 weeks, how often have you been bothered by the following problem: Trouble concentrating on things, such as reading the newspaper or watching television]

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last 2 weeks, how often have you been bothered by the following problem:
Moving or speaking so slowly that other people could have noticed? Or the opposite -
being so fidgety or restless that you have been moving around a lot more than usual?4

(Help Text: Fidgety or restless: Feeling uneasy or nervous; unable to sit still.)

[Original source question text: Over the last 2 weeks, how often have you been bothered by the
following problem: Moving or speaking so slowly that other people could have noticed? Or
being so fidgety or restless that you have been moving around a lot more than usual]

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by the following problem:
Thoughts that you would be better off dead or of hurting yourself in some way?4

[Original source question text: Over the last 2 weeks, how often have you been bothered by the
following problem: Thoughts that you would be better off dead or of hurting yourself in some
way]

- Not at all
- Several days
- More than half the days
- Nearly every day

Branching Logic: Pop-up appears when “Several days,” “More than half the days,” or
“Nearly every day” is selected:

If this is how you feel now, please get help. Trained counselors are available 24/7.
Dial 9-8-8 to reach the Suicide and Crisis Lifeline. Or Text HOME to 741741 to connect
with a live counselor for any crisis.

Now we want to know some more about symptoms in your lifetime.

Have you ever had a time in your life when you felt sad, blue, or depressed for two
weeks or more in a row?5

(Help Text: Felt blue: Feeling down or sad.)

[Original source question text: Have you ever had a time in your life when you felt sad, blue, or
depressed for two weeks or more in a row?]

- Yes
- No
Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?  

Branching Logic: If “No” is selected for both questions, then skip to the next section. When “Yes,” is selected for either question then:

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did this worst period start within two months of the death of someone close to you or after a stressful or traumatic event in your life?

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

How much of the day did these feelings usually last?
Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

How often did you feel this way?\(^5\)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. How often did you feel this way?]

- Every day
- Almost every day
- Less often
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did your mood brighten in response to positive events?\(^5\)

(Help Text: Brighten: Get better. Positive events: An experience in life that is enjoyable; something good or fun.)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did your mood brighten in response to positive events?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Was your mood worse?\(^5\)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Was your mood worse]

- In the morning
- In the evening or at night
- My mood did not vary
- Don't know
- Prefer not to answer
Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you feel more tired out or low on energy than is usual for you?[^5]

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you feel more tired out or low on energy than is usual for you?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you experience heavy feelings in your arms or legs?[^5]

(Help Text: Heavy feelings (in your arms and legs): Having a sensation that it is difficult to move your arms or legs.)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you experience heavy feelings in your arms or legs?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you experience changes in your appetite?[^5]

(Help Text: Appetite: Desire to eat food.)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you experience changes in your appetite?]

- No changes in appetite
- Increased appetite
- Decreased appetite
- Don’t know
- Prefer not to answer
Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you gain or lose weight without trying, or did you stay about the same weight?⁵

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you gain or lose weight without trying, or did you stay about the same weight?]

- Gained weight
- Lost weight
- Both gained and lost some weight during the episode
- Stayed about the same or was on a diet
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you have trouble falling asleep, staying asleep or sleeping too much?⁵

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did your sleep change?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you have a lot more trouble concentrating than usual?⁵

(Help Text: Trouble concentrating: Not able to give your full attention to something.)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you have a lot more trouble concentrating than usual?]

- Yes
- No
- Don’t know
- Prefer not to answer
Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

People sometimes feel down on themselves, no good, worthless. Did you feel this way? 
(Help Text: *Down on themselves: Experiencing feelings of low self-esteem.*)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. People sometimes feel down on themselves, no good, worthless. Did you feel this way?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you feel excessive guilt or guilt out of proportion to the reality of the situation? 
(Help Text: *Guilt: Feeling that you did something wrong. Guilt out of proportion to the reality of the situation: A very strong feeling that you did something wrong, even if it was a small offense or honest mistake.*)

[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you feel excessive guilt or guilt out of proportion to the reality of the situation?]

- Yes
- No
- Don’t know
- Prefer not to answer

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst.

Did you think a lot about death – either your own, someone else’s or death in general? 
[Original source question text: Please think of the two-week period in your life when your feelings of depression or loss of interest were worst. Did you think a lot about death – either your own, someone else’s or death in general?]
About how long altogether did you feel this way? Count the time before, during and after the worst two weeks.5

Think about your roles at the time of this episode, including study / employment, childcare and housework, leisure pursuits. How much did these problems interfere with your life or activities?5

Some people who have had feelings of depression or loss of interest find that they have difficulties coping with rejection or negative responses from other people, even outside these periods. Does this sound like you?5
they instead do something that is different from what we wished. For example, when you ask someone for a favor and the person says no, or when you were counting on someone to do something for you and they don’t do it. Even outside these periods: Even during a period in which you were not feeling depressed.

[Original source question text: Some people who have had feelings of depression or loss of interest find that they have difficulties coping with rejection or negative responses from other people, even outside these periods. Does this sound like you?]

- Yes, and this has caused problems in work or social relationships
- Yes, but has not caused problems in relationships
- Does not sound like me

Please answer the following questions about the times in your life when you have had feelings of depression or loss of interest.

How many periods did you have in your life lasting two or more weeks where you felt like this?5

[Original source question text: Please answer the following questions about the times in your life when you have had feelings of depression or loss of interest. How many periods did you have in your life lasting two or more weeks where you felt like this?]

- One
- Several
- Prefer not to answer

Branching Logic: when “Several” selected, then:

Enter number of times you had a period lasting two or more weeks you had feelings of depression or loss of interest. If you don’t know, please use your best guess.5

[Original source question text: Enter number]  

- Enter number __________
- Too many to count/One episode ran into the next.

About how old were you the FIRST time you had a period of two weeks like this? (Whether or not you received any help for it.) If you don’t know, please use your best guess.5

[Original source question text: About how old were you the FIRST time you had a period of two weeks like this? (Whether or not you received any help for it.)]  

- Years of age when first felt this way __________
All of Us Research Program
Participant Provided Information (PPI)

- Prefer not to answer

**Branching Logic: This question will only be asked if sex = female**

**Did this episode occur within months of giving birth? Or has it been suggested you had post-partum depression?**

[Original source question text: Did this episode occur within months of giving birth? Or has it been suggested you had post-natal depression?]

- Yes
- No
- Not applicable
- Don’t know
- Prefer not to answer

**About how old were you the LAST time you had a period of two weeks like this? (Whether or not you received any help for it). If you don’t know, please use your best guess.**

[Original source question text: About how old were you the LAST time you had a period of two weeks like this? (Whether or not you received any help for it)]]

- Enter years of age when last felt this way ______________
- Prefer not to answer

Please answer the following questions about times in your life about getting help for feelings of depression or loss of interest.

**Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counselor, nurse, clergy, or other helping professional)?**

[Original source question text: Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counselor, nurse, clergy, or other helping professional)?]

- Yes
- No
- Don’t Know
- Prefer not to answer

**Did you ever try the following for these problems? (Select all that apply)**

(Help Text: *Unprescribed medication: Medications you have taken for reasons or in doses other than prescribed to you.*)

[Original source question text: Did you ever try the following for these problems? (Select all]
that apply).

- Medication prescribed to you (for at least two weeks)
- Unprescribed medication (more than once)
- Drugs or alcohol (more than once)
- None of the above
- Prefer not to answer

Branching Logic: when “Medication prescribed to you (for at least two weeks)” or “Unprescribed medication (more than once)” selected, then:

**Did you try any of the following medications?**

[Original source question text: Did you try any of the following medications?]

- Citalopram (sometimes called Cipramil or Celexa)
- Fluoxetine (Prozac, Oxactin, or Serafem)
- Sertraline (Lustral or Zoloft)
- Paroxetine (Seroxat or Paxil)
- Amitriptyline (Elavil)
- Dosulepin (Prothiaden)
- Other antidepressants
- Don’t know
- Prefer not to answer

Branching Logic: when “Citalopram (sometimes called Cipramil or Celexa)”, “Fluoxetine (Prozac, Oxactin, or Serafem)”, “Sertraline (Lustral or Zoloft)”, “Paroxetine (Seroxat or Paxil)”, “Amitriptyline (Elavil)”, “Dosulepin (Prothiaden)”, or “Other antidepressants” is selected, then:

**Did [citalopram, fluoxetine, sertraline, paroxetine, amitriptyline, dosulepin, the antidepressant(s)] help?**

[Original source question text: Did [citalopram, fluoxetine, sertraline, paroxetine, amitriptyline, dosulepin, the antidepressant(s)] help?]

- Yes, at least a little
- No
- Don’t know
- Prefer not to answer

Did you ever try talking therapies for these problems, or other structured activities you regard as therapeutic? Include only those you attended more than once.
[Original source question text: Did you ever try talking therapies for these problems, or other structured activities you regard as therapeutic? Include only those you attended more than once.]

- Talking therapies, such as psychotherapy, counseling, group therapy or CBT
- Other therapeutic activities such as mindfulness, yoga or art classes
- None of the above
- Prefer not to answer

**Branching Logic: when “Talking therapies” selected, then:**

Did talking therapy help? 

- Yes, at least a little
- No
- Don’t know
- Prefer not to answer

**Self-harm**

Suicide is often preventable. These questions ask if you have ever thought about harming yourself or ending your life. Your answers may help researchers find better ways to help those with thoughts of harming themselves. We know this is a sensitive topic. You can choose not to answer any question.

Did you ever thoughts of purposely hurting yourself without wanting to die? (for example, cutting or burning)

[Original source question text: Did you ever thoughts of purposely hurting yourself without wanting to die? (for example, cutting or burning)]

- Yes
- No

Did you ever in your life have thoughts of killing yourself?

[Original source question text: Did you ever in your life have thoughts of killing yourself?]

- Yes
- No

**Branching Logic: when “Yes” selected, then:**

How old were you the very first time you had thoughts of killing yourself? If you don’t know, please use your best guess.
[Original source question text: How old were you the very first time you had thoughts of killing yourself?]

- ___________ Years Old

**Did you ever make a suicide attempt where you purposefully hurt yourself with at least some intention to die?**

[Original source question text: Did you ever make a suicide attempt where you purposefully hurt yourself with at least some intention to die?]

- Yes

*Branching Logic: when “Yes” selected, then:*

**How many suicide attempts did you ever make in your life? If you don’t know, please use your best guess.**

[Original source question text: How many suicide attempts did you ever make in your life?]

○ ___________ Number of Suicide Attempts

*Branching Logic: if “1” is entered for Number of Suicide Attempts, then:*

**How old were you when you made that suicide attempt? If you don’t know, please use your best guess.**

[Original source question text: How old were you when you made that suicide attempt?]

- ___________ Years Old

*Branching Logic: if “> 1” is entered for Number of Suicide Attempts, then:*

**How old were you the very first time you made a suicide attempt? If you don’t know, please use your best guess.**

[Original source question text: How old were you the very first time you made a suicide attempt?]

- ___________ Years Old

- No

*Branching Logic: Pop-up appears the first time “Yes” is selected in this section AND at the end of this section regardless of response:*

If you feel this way now, please get help. Trained counselors are available 24/7. Dial 9-8-8-8 to reach the Suicide and Crisis Lifeline. Or Text HOME to 741741 to connect with a live counselor for any crisis.
Experiences with trauma

Some people go through stressful and upsetting events during their life. These are sometimes called traumas or traumatic events. We will ask you about your experiences with trauma throughout your lifetime, including childhood. You can choose not to answer any question. Your answers may help researchers better understand how trauma impacts mental and physical health.

In this section we will be asking you about your experiences with trauma in childhood (before you were 18 years old).

During your first 18 years of life, did you live with anyone who was depressed, mentally ill, or suicidal?7

[Original source question text: During your first 18 years of life, did you live with anyone who was depressed, mentally ill, or suicidal?]

- Yes
- No
- Don’t know/Not Sure
- Prefer not to answer

During your first 18 years of life, did you live with anyone who was a problem drinker or alcoholic?7

[Original source question text: During your first 18 years of life, did you live with anyone who was a problem drinker or alcoholic?]

- Yes
- No
- Don’t know/Not Sure
- Prefer not to answer

During your first 18 years of life, did you live with anyone who used illegal street drugs or who abused prescription medications?7

[Original source question text: During your first 18 years of life, did you live with anyone who used illegal street drugs or who abused prescription medications?]

- Yes
- No
- Don’t know/Not Sure
- Prefer not to answer
During your first 18 years of life, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? \(^7\)
[Original source question text: During your first 18 years of life, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?]
- Yes
- No
- Don’t know/Not Sure
- Prefer not to answer

During your first 18 years of life, were your parents separated or divorced? \(^7\)
[Original source question text: During your first 18 years of life, were your parents separated or divorced?]
- Yes
- No
- Don’t know/Not Sure
- Prefer not to answer

During your first 18 years of life, how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? \(^7\)
[Original source question text: During your first 18 years of life, how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?]
- Never
- Once
- More than once
- Don’t know/Not Sure
- Prefer not to answer

Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say? \(^7\)
[Original source question text: Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—]
- Never
- Once
- More than once
- Don’t know/Not Sure
- Prefer not to Answer
During your first 18 years of life, how often did a parent or adult in your home ever swear at you, insult you, or put you down?7

[Original source question text: During your first 18 years of life, how often did a parent or adult in your home ever swear at you, insult you, or put you down?]

- Never
- Once
- More than once
- Don’t know/Not Sure
- Prefer not to Answer

During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, ever touch you sexually?7

[Original source question text: During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, ever touch you sexually?]

- Never
- Once
- More than once
- Don’t know/Not Sure
- Prefer not to Answer

During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?7

[Original source question text: During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?]

- Never
- Once
- More than once
- Don’t know/Not Sure
- Prefer not to Answer

During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, force you to have sex?7

(Help Text: Sex could mean vaginal, anal and/or oral.)

[Original source question text: During your first 18 years of life, how often did anyone at least 5 years older than you or an adult, force you to have sex?]

- Never
- Once
This next section asks about some other life experiences that may have happened any time in your lifetime. You can choose not to answer any question.

**In your life, have you ever had a partner or ex-partner deliberately hit you or use violence against you?**

[Original source question text: Since I was sixteen...A partner or ex-partner deliberately hit me or used violence in any other way]

- Yes, within the last 12 months
- Yes, but not in the last 12 months
- Never
- Prefer not to answer

**In your life, have you ever had a partner or ex-partner who repeatedly put you down to the extent where you felt worthless?**

[Original source question text: A partner or ex-partner repeatedly belittled me to the extent that I felt worthless]

- Yes, within the last 12 months
- Yes, but not in the last 12 months
- Never
- Prefer not to answer

**In your life, have you ever experienced sexual assault by a partner or ex-partner?**

(Help Text: Sexual assault: An act in which one person sexually touches another one without their permission or forces them to participate in a sexual act against their will.)

[Original source question text: A partner or ex-partner sexually interfered with me, or forced me to have sex against my wishes]

- Yes, within the last 12 months
- Yes, but not in the last 12 months
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- Never
- Prefer not to answer

In your life, have you ever been a victim of a sexual assault, whether by a stranger or someone you knew? 
(Help Text: Sexual assault: An act in which one person sexually touches another one without their permission or forces them to participate in a sexual act against their will.)

[Original source question text: Been a victim of a sexual assault, whether by a stranger or someone you knew]
- Yes, within the last 12 months
- Yes, but not in the last 12 months
- Never
- Prefer not to answer

In your life, have you been attacked, mugged, robbed, or been the victim of a physically violent crime? 
[Original source question text: In your life, have you been attacked, mugged, robbed, or been the victim of a physically violent crime?]
- Yes, within the last 12 months
- Yes, but not in the last 12 months
- Never
- Prefer not to answer

In your life, have you been in a serious accident that you believed to be life-threatening at the time? 
(Help Text: Life-threatening: A situation in which your life is in danger.)
[Original source question text: In your life, have you been in a serious accident that you believed to be life-threatening at the time?]
- Yes, within the last 12 months
- Yes, but not in the last 12 months
- Never
- Prefer not to answer

In your life, have you had your life in danger because of a fire, flood, or other natural disaster (like a hurricane, tornado, or earthquake)?
[Original source question text: Did any of the following highly stressful experiences ever happen to you? Seriously injured in a natural disaster, like a hurricane or flood, or a manmade disaster, like a fire or toxic chemical spill]
● Yes, within the last 12 months
● Yes, but not in the last 12 months
● Never
● Prefer not to answer

In your life, have you witnessed a sudden violent death (e.g. murder, suicide, aftermath of an accident)?

[Original source question text: In your life, have you witnessed a sudden violent death (e.g. murder, suicide, aftermath of an accident)?]

● Yes, within the last 12 months
● Yes, but not in the last 12 months
● Never
● Prefer not to answer

In your life, have you been diagnosed with a life-threatening illness?

[Original source question text: In your life, have you been diagnosed with a life-threatening illness?]

● Yes, within the last 12 months
● Yes, but not in the last 12 months
● Never
● Prefer not to answer

In your life, have you been involved in combat or exposed to a war zone (either in the military or as a civilian)? (Help Text: Combat: Fighting between armed forces, such as the military. Civilian: A person not in the armed forces or police force.)

[Original source question text: In your life, have you been involved in combat or exposed to a war zone (either in the military or as a civilian)?]

● Yes, within the last 12 months
● Yes, but not in the last 12 months
● Never
● Prefer not to answer

In your life, have you had another experience where your life was in danger or threatened?

[Original source question text: Have you ever had any other highly stressful experience, not mentioned above, that exposed you to risk of death or serious harm?]
● Yes, within the last 12 months
● Yes, but not in the last 12 months
● Never
● Prefer not to answer

**Branching Logic:** Pop-up appears the first time “Yes, within the last 12 months” and “Yes, but not in the last 12 months” is selected in this sections AND at the end of this section regardless of response

Responses to trauma can be immediate or delayed. There are people who can help 24/7. Text HOME to 741741 to connect with a live counselor.

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Please indicate how much you’ve been bothered by the following problems in the past month:

**Branching Logic:** If 'never' to all of the above section questions, skip this section and go to the General Well-Being Section; otherwise display these questions.

**In the past month, have you had repeated, disturbing memories, thoughts, or images of a stressful experience from the past?**

[Original source question text: In the past month, have you had repeated, disturbing memories, thoughts, or images of a stressful experience from the past?]

● Not at all
● A little bit
● Moderately
● Quite a bit
● Extremely

**In the past month, have you felt very upset when something reminded you of a stressful experience from the past?**

[Original source question text: In the past month, have you felt very upset when something reminded you of a stressful experience from the past?]

● Not at all
● A little bit
● Moderately
● Quite a bit
● Extremely
In the past month, have you avoided activities or situations because they reminded you of a stressful experience from the past?*

[Original source question text: In the past month, have you avoided activities or situations because they reminded you of a stressful experience from the past?]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past month, have you felt distant or cut off from other people?*

[Original source question text: In the past month, have you felt distant or cut off from other people?]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past month, have you felt irritable or had angry outbursts?*

[Original source question text: In the past month, have you felt irritable or had angry outbursts?]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past month, have you had difficulty concentrating?*

(Help Text: Difficulty concentrating: Not able to give your full attention to something.)

[Original source question text: In the past month, have you had difficulty concentrating?]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
General well-being

Finally, we would like to know how you feel about things in general.

In general, how happy are you?\(^5\)

[Original source question text: In general, how happy are you?]

- Extremely happy
- Very happy
- Moderately happy
- Moderately unhappy
- Very unhappy
- Extremely unhappy
- Don’t know
- Prefer not to answer

To what extent do you feel your life to be meaningful?\(^5\)

(Help Text: Meaningful: To have a purpose.)

[Original source question text: To what extent do you feel your life to be meaningful?]

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount
- Don’t know
- Prefer not to answer

Thank you for answering these questions. Providing this information will help researchers better understand mental health and well-being. Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

For more information on mental health topics and research:

If you or someone you care about needs help:


SAMHSA Treatment Locator: https://findtreatment.samhsa.gov/
Call, text, or chat 988 for free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.

Source Information

   a. Year of Original Source: 2006
   b. Brief Description of Source: GAD-7 is a self-administered patient questionnaire used as a screening tool and severity measure for generalized anxiety disorder (GAD).

2. Developed for use by All of Us
   a. Year of Original Source: Not Applicable
   b. Brief Description of Source: Not Applicable

   a. Year of Original Source: 2004
   b. Brief Description of Source: CIDI is a comprehensive, fully-structured interview designed to be used by trained lay interviewers for the assessment of mental disorders according to the definitions and criteria of ICD-10 and DSM-IV.

   a. Year of Original Source: 2001
   b. Brief Description of Source: PHQ-9 is a self-administered diagnostic instrument for depression.

   a. Year of Original Source: 2011
   b. Brief Description of Source: UK Biobank recruited 500,000 people across the country aged between 40 and 69 years from 2006 to 2010. These half a million participants agreed to have their health followed so scientists across the globe can help improve the prevention, diagnosis and treatment of a wide range of diseases. Assessments were undertaken in 22 centers in Scotland, England and Wales. There were five parts to the UK Biobank assessment process, which lasted between 2-3 hours. These included: Written consent Touch screen questionnaires i.e. detailed diet recall Face-to-face interview with a study nurse Measurements i.e. hand grip, spirometry and bone density Sample collection of
blood, urine and saliva In addition to information collected during the baseline assessment, 100,000 UK Biobank participants have worn a 24-hour activity monitor for a week, 20,000 have undertaken repeat measures, and nearly 50,000 have had their heart, brain and abdomen scanned as part of a major imaging project. UK Biobank has grown exponentially since this initial assessment and has become a powerful research resource. The database, which is regularly augmented with additional data, is globally accessible to approved researchers and scientists undertaking vital research into the most common and life-threatening diseases. anywhere in the world.

   a. Year of Original Source: 2007
   b. Brief Description of Source: SITBI is a structured interview that was initially developed and used to evaluate the self-injurious thoughts and behaviors of 94 adolescents and young adults. The self-injurious thoughts and behaviors assessed included suicidal ideation, suicide plans, suicide gestures, suicide attempts, and nonsuicidal self-injury.

   b. Brief Description of Source: The Behavioral Risk Factor Surveillance System evaluates adverse childhood experiences, including child abuse, neglect, and household challenges. The BRFSS is administered annually as a state-based, random-digit telephone survey to non-institutionalized U.S. adults.

   a. Year of Original Source: 1993
   b. Brief Description of Source: The PLC-C is a 17-item self-report instrument designed to assess symptoms of posttraumatic stress disorder. The inventory is designed to assess responses to traumatic experiences encountered in the course of civilian living.