

## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

### LIFETIME TRAUMA AND VICTIMIZATION HISTORY (LTVH) INSTRUMENT - ADULT VERSION

The next questions are about serious events that may have happened to you during your lifetime.

<p><b>1.</b> Have you ever been involved in a <b>natural disaster</b>, such as a tornado, hurricane, flood, or earthquake?</p> <p>Yes ... 1</p> <p>No .... 2 (Go to 2)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious injury?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes ... 1</p> <p>No .... 2</p>	<p>Was there another time you were involved in a <b>natural disaster</b>, such as a tornado, hurricane, flood, or earthquake?</p> <p>Yes ... 1</p> <p>No .... 2</p>
<p><b>2.</b> Have you ever been involved in a <b>man-made disaster</b>, such as a fire, train crash, car accident, or building collapse?</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there <b>another</b> time where you were involved in a <b>man-made disaster</b>, such as a fire, train crash, car accident, or building collapse?</p> <p>Yes... 1</p> <p>No.....2</p>

<p>Yes... 1</p> <p>No.... 2 (Go to 3)</p>				
<p><b>3. Have you ever been involved in <b>direct combat experience</b> in a war?</b></p> <p>[NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]</p> <p>Yes... 1</p> <p>No.... 2 (Go to 4)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there <b>another</b> time where you were involved in <b>direct combat experience</b> in a war?</p> <p>[NOTE: INCLUDE POLICE SHOOTOUTS AND GANG FIGHTS]</p> <p>Yes.....1</p> <p>No.....2</p>
<p><b>4. Have you ever <b>lived in a war zone</b>?</b> (For example, the Persian Gulf or Bosnia).</p> <p>Yes... 1</p> <p>No.... 2 (Go to 5)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there <b>another</b> time that you lived in a <b>war zone</b>?</p> <p>Yes... 1</p> <p>No.....2</p>
<p><b>5. Have you ever had a <b>serious accident</b> at work, at home, or</b></p>	<p>How old were you the first time it happened?</p>	<p>Were you in danger of death or serious physical injury?</p>	<p>Did you feel intense fear, helplessness, or horror?</p>	<p>Was there another time when you had a <b>serious accident</b> at work, at home, or somewhere else?</p> <p>Yes... 1</p>

<p>somewhere else?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 6)</p>	<p>AGE: _____</p>	<p>Yes... 1</p> <p>No.... 2</p>	<p>Yes... 1</p> <p>No.... 2</p>	<p>No.....2</p>		
<p><b>6. Have you ever been exposed to dangerous chemicals or radioactivity?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 7)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there another time that you were exposed to <b>dangerous chemicals or radioactivity?</b></p> <p>Yes... 1</p> <p>No.....2</p>		
<p><b>7. Have you ever been shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 8)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else ever <b>shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed you?</b></p> <p>Yes... 1</p> <p>No.....2</p>
<p><b>8. Have you ever been threatened with any kind of a weapon,</b></p>	<p>How old were you the first time it happened</p>	<p>Were you in danger of death or serious physical</p>	<p>Did you feel intense fear, helplessness, or horror?</p>	<p>How many times did this person</p>	<p>How old were you the</p>	<p>Has anyone else <b>threatened you with any kind of</b></p>

<p>like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 9)</p>	<p>?</p> <p>AGE: _____</p>	<p>injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Yes... 1</p> <p>No.... 2</p>	<p>do this to you?</p> <p># of TIMES: _____</p> <p>—</p>	<p>last time this person did this to you?</p> <p>AGE: _____</p>	<p>weapon?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>9.</b> Has anyone ever <b>threatened</b> you in a face-to-face confrontation?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 10)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p> <p>—</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else <b>threatened</b> you in a face-to-face confrontation?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>10.</b> Have you ever been <b>actually assaulted with any kind of a weapon</b>, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?</p> <p>Yes.....1</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p> <p>—</p>	<p>How old were you the last time this person did this to you?</p>	<p>Has anyone else <b>actually assaulted you with any kind of a weapon</b>, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?</p> <p>Yes... 1</p>

No..... 2 (Go to 11)					AGE: _____	No....2
<p>11. When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever <b>struck, kicked, beaten, punched, slapped around, or otherwise physically harmed?</b></p> <p>Yes.....1</p> <p>No.....2 (Go to 12)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p> <p>—</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>During your childhood were you <b>struck, kicked, beaten, punched, slapped around, or otherwise physically harmed by anyone else?</b></p> <p>Yes... 1</p> <p>No.....2</p>
<p>12. When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever <b>physically abused?</b></p> <p>Yes.....1</p> <p>No.....2 (Go to 13)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____</p> <p>—</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>During your childhood has anyone else <b>physically abused you?</b></p> <p>Yes... 1</p> <p>No.....2</p>

<p><b>13.</b> Has anyone--male or female--ever forced or coerced you to engage in unwanted sexual activity?</p> <p>Yes.....1 No.....2 (Go to 14)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____ -</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else--male or female--ever forced or coerced you to engage in unwanted sexual activity?</p> <p>Yes... 1 No.....2</p>
<p><b>14.</b> Other than what we just talked about, did anyone, male or female, ever <b>attempt to--but not actually--</b> force you to engage in unwanted sexual activity?</p> <p>Yes.....1 No.....2 (Go to 15)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1 No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1 No.... 2</p>	<p>How many times did this person do this to you?</p> <p># of TIMES: _____ -</p>	<p>How old were you the last time this person did this to you?</p> <p>AGE: _____</p>	<p>Has anyone else--male or female, <b>attempted to--but not actually--</b> forced you to engage in unwanted sexual activity?</p> <p>Yes... 1 No.....2</p>
<p><b>15.</b> Other than what we just talked about, has anyone ever <b>actually</b></p>	<p>How old were you the first time it happened</p>	<p>Were you in danger of death or serious physical</p>	<p>Did you feel intense fear, helplessness, or horror?</p>	<p>How many times did this person</p>	<p>How old were you the</p>	<p>Has anyone else ever <b>actually</b> touched private parts</p>

<p>touched private parts of your body or made you touch theirs against your wishes?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 16)</p>	<p>?</p> <p>AGE: _____</p>	<p>injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Yes... 1</p> <p>No.... 2</p>	<p>do this to you?</p> <p># of TIMES: _____</p> <p>—</p> <p>AGE: _____</p>	<p>last time this person did this to you?</p> <p>of your body or made you touch theirs against your wishes?</p> <p>Yes..... 1</p> <p>No.....2</p>
<p><b>16.</b> Have you ever had an immediate family member, romantic partner, or very close friend who was <b>murdered</b>?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 17)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was anyone else who was an immediate family member, romantic partner, or very close friend <b>murdered</b>?</p> <p>Yes... 1</p> <p>No.....2</p>	
<p><b>17.</b> Have you ever <b>seen or been present</b> when <b>someone was murdered or seriously injured</b>?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 18)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there any <b>other</b> time when you saw or were present when someone was murdered or seriously injured?</p> <p>Yes... 1</p> <p>No.....2</p>	

<p><b>18.</b> Have you ever had an immediate family member, romantic partner, or very close friend <b>commit suicide</b>?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 19)</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did anyone else who was an immediate family member, romantic partner, or very close friend <b>commit suicide</b>?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>19.</b> Have you ever <b>seen a dead or mutilated body</b>? Other than at a funeral, in the movies or newspaper?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 20)</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there any <b>other</b> time when you saw a dead or mutilated body?</p> <p>Yes... 1</p> <p>No.....2</p>
<p><b>20.</b> Have you ever seen or been present when <b>another person</b> was <b>shot at, stabbed, struck, kicked, beaten, slapped</b></p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there any <b>other</b> time when you saw or were present when <b>another person</b> was shot at, stabbed, struck, kicked, beaten, slapped around, or otherwise physically harmed?</p> <p>Yes... 1</p> <p>No.....2</p>



<p>around, or otherwise physically harmed?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 21)</p>				
<p><b>21.</b> Have you ever seen or been present when <b>another person was raped, sexually attacked, or made to engage in unwanted sexual activity?</b></p> <p>Yes..... 1</p> <p>No..... 2 (Go to 22)</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there any <b>other</b> time when you saw or were present when another person was raped, sexually attacked, or made to engage in unwanted sexual activity?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>22.</b> Has anyone ever <b>intentionally damaged or destroyed property owned by you or by someone in your household?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Has anyone else intentionally damaged or destroyed property owned by you or by someone in your household?</p> <p>Yes... 1</p> <p>No.....2</p>

23)				
<p>23. Has anyone ever stolen something from you by <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 24)</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Has anyone else ever stolen something from you by <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?</p> <p>Yes... 1</p> <p>No....2</p>
<p>24. Has anyone ever <b>tried to--but not actually--steal</b> something from you by <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?</p> <p>Yes... 1</p> <p>No.... 2 (Go to 25)</p>	<p>How old were you the first time it happened?</p> <p>AGE:_____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Has anyone else ever tried to--but not actually--steal something from you by <b>using force or the threat of force</b> like in a stick-up, mugging, or car-jacking?</p> <p>Yes... 1</p> <p>No.....2</p>
<p>25. Has anyone ever tried to or actually</p>	<p>How old were you the first time it</p>	<p>Were you in danger of death or serious</p>	<p>Did you feel intense fear, helplessness</p>	<p>Has anyone else ever tried to or actually broken in to your house, garage, shed, or storage room <b>when you were</b></p>

<p><b>broken in to your house, garage, shed, or storage room when you were not there?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 26)</p>	<p>happened ?</p> <p>AGE: _____</p>	<p>physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>s, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p><b>not there?</b></p> <p>Yes... 1</p> <p>No.....2</p>
<p><b>26. Has anyone ever tried to or actually broken in to your house, garage, shed, or storage room when you were there?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 27)</p>	<p>How old were you the first time it happened ?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Has anyone else ever tried to or actually broken in to your house, garage, shed, or storage room when you were there?</p> <p>Yes.....1</p> <p>No.....2</p>
<p><b>27. Has anyone ever stolen something directly from you without the threat or use of force (for example purse-snatching or pick-pocket)?</b></p>	<p>How old were you the first time it happened ?</p> <p>AGE: _____</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Has anyone else stolen something directly from you without the threat or use of force?</p> <p>Yes.....1</p> <p>No.....2</p>	

<p>Yes... 1</p> <p>No.... 2 (Go to 28)</p>					
<p><b>28. Have you ever been kidnapped or held captive?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 29)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>How long were you held or not allowed to leave?</p> <p>LENGTH OF TIME: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Was there any <b>other</b> time when you were kidnapped or held captive?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>29. Have you ever been stalked by anyone? For example, has anyone ever followed or spied on you?</b></p> <p>Yes... 1</p> <p>No.... 2 (Go to 30)</p>	<p>How old were you the first time it happened?</p> <p>AGE: _____</p>	<p>Were you in danger of death or serious physical injury?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>Did you feel intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No.... 2</p>	<p>How old were you the last time this person stalked you?</p> <p>AGE: _____</p>	<p>Has anyone else stalked you?</p> <p>Yes... 1</p> <p>No....2</p>
<p><b>30. Have you ever been in any other situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness, or horror?</b></p> <p>Yes... 1 SPECIFY:</p> <p>_____</p> <p>No.... 2</p>	<p>How old were you when it happened?</p> <p>AGE: _____</p>	<p>Was there any <b>other</b> situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness, or horror?</p> <p>Yes... 1</p> <p>No....2</p>			

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### Scoring:

There are several ways to score the instrument, from very simple to more complex. One can simply count the number of events that the person endorsed, the total number of events (that is, if the event happened more than once), or the number of items of different types (general traumas, items 1-6; physical violence, items 7-10; physical abuse, items 11-12; sexual violence, items 13-15; seen family/friend murdered or commit suicide, items 16-18; witnessed trauma to someone else, items 19-21; crime victimization, items 22-27; kidnapped or stalked, items 28-29; or anything else, item 30). One can count items that occurred during certain time periods in the person's life (childhood, adolescence, or adulthood) or items that only reached a certain threshold of intensity, based on questions about the person's perception of the event (i.e., Were you afraid that you might die or get hurt really badly?). For certain purposes where less detail is desired, one might omit these follow-up questions entirely.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/181401>