

### Childhood History Questionnaire

**Instructions:** Sometimes parents or other adults hurt children. Please read and respond to the following questions by checking the appropriate box. Please indicate the relationship between you and the adult (e.g., mother, father, family friend, etc.) in the space provided.

1) As a child, did **you** receive any of the following from one of your parents or another adult **before** you were 13?

	Never	Rarely	Occasionally	Often	Very Often	Relationship?
Whipping						
Slapping/Kicking						
Poking/Punching						
Hairpulling						
Bruises/Welts						
Cuts/Scratches						
Dislocations						
Burns						
Bone Fractures						
Inappropriate Touching						
Sexual Fondling						
Intercourse/Rape						
Exhibition/Flashing						
Other, specify:						

2) As a child, did **you** receive any of the following from one of your parents or another adult **after** you were 13?

	Never	Rarely	Occasionally	Often	Very Often	Relationship?
Whipping						
Slapping/Kicking						
Poking/Punching						
Hairpulling						
Bruises/Welts						
Cuts/Scratches						
Dislocations						
Burns						
Bone Fractures						
Inappropriate Touching						
Sexual Fondling						
Intercourse/Rape						
Exhibition/Flashing						
Other, specify:						

3) As a child, did **others** receive any of the following from one of your parents or another adult **before** you were 13?

	Never	Rarely	Occasionally	Often	Very Often	Relationship?
Whipping						
Slapping/Kicking						
Poking/Punching						
Hairpulling						
Bruises/Welts						
Cuts/Scratches						
Dislocations						
Burns						
Bone Fractures						
Inappropriate Touching						
Sexual Fondling						
Intercourse/Rape						
Exhibition/Flashing						
Other, specify:						

4) As a child, did **others** receive any of the following from one of your parents or another adult **after** you were 13?

	Never	Rarely	Occasionally	Often	Very Often	Relationship?
Whipping						
Slapping/Kicking						
Poking/Punching						
Hairpulling						
Bruises/Welts						
Cuts/Scratches						
Dislocations						
Burns						
Bone Fractures						
Inappropriate Touching						
Sexual Fondling						
Intercourse/Rape						
Exhibition/Flashing						
Other, specify:						

5) As a child, I had an adult who really cared about me.

Never	Rarely	Occasionally	Often	Very Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) As a child, I had a friend who really cared about me.

Never	Rarely	Occasionally	Often	Very Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) As a child, I felt my life was predictable.

Never	Rarely	Occasionally	Often	Very Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>