GROWTH AND HEALTH STUDY

EVENTS IN THE LAST TWELVE MONTHS

ID number of NGHS girl: ..... ___ - ___ ___ ___ ___ - ___
ID

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... ___ ___
VSTNO

Date: ..... ___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

GROWTH AND HEALTH STUDY

NGHS Form 29
Rev. 0 4/21/94
6 Pages

EVENTS IN THE LAST TWELVE MONTHS

We are interested in events that happen to teenage girls and how these events make them feel.

ID						
NC						
VN						

Please mark whether the following events happened to you during the **LAST 12 MONTHS**. If it did not happen to you, mark **NO**. If it happened to you mark **YES** and mark the box to the right on how it made you feel.

During the **LAST 12 MONTHS...**	NO	YES		**If YES, how did it make you feel?** Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
1. I moved to a new place to live. ---------- ITEM1	☐ 2	☐ 1	If YES -> ITEM1Y	☐	☐	☐	☐	☐
2. My parents separated or got divorced. ---------- ITEM2	☐ 2	☐ 1	-> ITEM2Y	☐	☐	☐	☐	☐
3. I had an illness that lasted for more than 3 weeks. - ITEM3	☐ 2	☐ 1	-> ITEM3Y	☐	☐	☐	☐	☐
4. One of my parents or guardians had an illness that lasted for more than 3 weeks. ---------- ITEM4	☐ 2	☐ 1	-> ITEM4Y	☐	☐	☐	☐	☐
5. I was in an accident that forced me to go to the doctor or hospital. ---------- ITEM5	☐ 2	☐ 1	-> ITEM5Y	☐	☐	☐	☐	☐
6. Somebody in my family needed medical or dental care but couldn't get it. ---------- ITEM6	☐ 2	☐ 1	-> ITEM6Y	☐	☐	☐	☐	☐

During the **LAST 12 MONTHS...**	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
7. A friend of mine died. ---------- ITEM7	☐ 2	☐ 1	If YES ---> ITEM7Y	☐	☐	☐	☐	☐
8. One of my parents or guardians died.---------- ITEM8	☐ 2	☐ 1	---> ITEM8Y	☐	☐	☐	☐	☐
9. My brother or sister died.---------- ITEM9	☐ 2	☐ 1	---> ITEM9Y	☐	☐	☐	☐	☐
10. Another relative of mine that I felt close to died.----- ITEM10	☐ 2	☐ 1	---> ITEM10Y	☐	☐	☐	☐	☐
11. One of my parents or guardians lost her (his) job.-- ITEM11	☐ 2	☐ 1	---> ITEM11Y	☐	☐	☐	☐	☐
12. I didn't have a place to live for a while.---------- ITEM12	☐ 2	☐ 1	---> ITEM12Y	☐	☐	☐	☐	☐
13. There was a lot of fighting in my family.---------- ITEM13	☐ 2	☐ 1	---> ITEM13Y	☐	☐	☐	☐	☐

During the **LAST 12 MONTHS...**	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
14. Someone moved into or out of my home. ITEM14	☐ 2	☐ 1	If YES ITEM14Y	☐	☐	☐	☐	☐
15. I tried really hard to get a job and couldn't get one. ITEM15	☐ 2	☐ 1	ITEM15Y	☐	☐	☐	☐	☐
16. My family didn't have enough money to buy something I really needed. ITEM16	☐ 2	☐ 1	ITEM16Y	☐	☐	☐	☐	☐
17. I changed to a new school. ITEM17	☐ 2	☐ 1	ITEM17Y	☐	☐	☐	☐	☐
18. I stopped going to school for a while. ITEM18	☐ 2	☐ 1	ITEM18Y	☐	☐	☐	☐	☐
19. I didn't have a best friend for a while. ITEM19	☐ 2	☐ 1	ITEM19Y	☐	☐	☐	☐	☐
20. My boyfriend and I broke up. ITEM20	☐ 2	☐ 1	ITEM20Y	☐	☐	☐	☐	☐

During the **LAST 12 MONTHS...**	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
21. Things in my life seemed out of control.---------- ITEM21	☐ 2	☐ 1	If YES ---> ITEM21Y	☐	☐	☐	☐	☐
22. Someone close to me drank too much.---------- ITEM22	☐ 2	☐ 1	---> ITEM22Y	☐	☐	☐	☐	☐
23. Someone close to me had a drug problem.---------- ITEM23	☐ 2	☐ 1	---> ITEM23Y	☐	☐	☐	☐	☐
24. I didn't feel safe walking on my street.---------- ITEM24	☐ 2	☐ 1	---> ITEM24Y	☐	☐	☐	☐	☐
25. I didn't feel safe at home.---------- ITEM25	☐ 2	☐ 1	---> ITEM25Y	☐	☐	☐	☐	☐
26. I failed a class at school.---------- ITEM26	☐ 2	☐ 1	---> ITEM26Y	☐	☐	☐	☐	☐
27. I didn't get along with some of my teachers at school.---------- ITEM27	☐ 2	☐ 1	---> ITEM27Y	☐	☐	☐	☐	☐

During the **LAST 12 MONTHS...**	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
28. I didn't feel safe at school. ITEM28	☐ 2	☐ 1	If YES > ITEM28Y	☐	☐	☐	☐	☐
29. I (or one of my family members) was shot or knifed or something like that. ITEM29	☐ 2	☐ 1	> ITEM29Y	☐	☐	☐	☐	☐
30. Someone I know (not a family member) got shot or knifed or something like that. ITEM30	☐ 2	☐ 1	> ITEM30Y	☐	☐	☐	☐	☐
31. Someone I know killed themself. ITEM31	☐ 2	☐ 1	> ITEM31Y	☐	☐	☐	☐	☐
32. I was the victim of a crime (for example, robbery, mugging, or burglary). ITEM32	☐ 2	☐ 1	> ITEM32Y	☐	☐	☐	☐	☐
33. Someone else in my family was the victim of a crime. ITEM33	☐ 2	☐ 1	> ITEM33Y	☐	☐	☐	☐	☐
34. I had sex when I didn't want to. ITEM34	☐ 2	☐ 1	> ITEM34Y	☐	☐	☐	☐	☐
35. I got pregnant when I didn't want to. ITEM35	☐ 2	☐ 1	> ITEM35Y	☐	☐	☐	☐	☐

During the LAST 12 MONTHS...	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
36. One of my family members was in trouble with the law. ITEM36	☐ 2	☐ 1	If YES ---> ITEM36Y	☐	☐	☐	☐	☐
37. I got a new stepmother or stepfather. ITEM37	☐ 2	☐ 1	---> ITEM37Y	☐	☐	☐	☐	☐
38. I felt like I really had to watch my step or I might get hurt or in trouble. ITEM38	☐ 2	☐ 1	---> ITEM38Y	☐	☐	☐	☐	☐
39. A family member or close friend of mine was sent to prison or jail. ITEM39	☐ 2	☐ 1	---> ITEM39Y	☐	☐	☐	☐	☐
40. I was very worried about my future. ITEM40	☐ 2	☐ 1	---> ITEM40Y	☐	☐	☐	☐	☐
41. Some other serious problem happened in the last 12 months. ITEM41	☐ 2	☐ 1	---> ITEM41Y	☐	☐	☐	☐	☐

A. Specify: _____

GROWTH AND HEALTH STUDY

EVENTS IN THE LAST TWELVE MONTHS

ID number of NGHS girl: ..... ID ___ - ___ ___ ___ ___ - ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VSTNO ___ ___

Date: ..... ___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

GROWTH AND HEALTH STUDY

Rev. 7 Pages

EVENTS IN THE LAST TWELVE MONTHS

ID						
NC						
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Please mark whether the following events happened to you during the **LAST 12 MONTHS**. If it did not happen to you, mark **NO**. If it happened to you mark **YES** and mark the box to the right on how it made you feel.

If YES, how did it make you feel?

During the **LAST 12 MONTHS**...	NO	YES		Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
1. I moved to a new place to live. ---------- ITEM1	☐ 2	☐ 1	If YES -> ITEM1Y	☐	☐	☐	☐	☐
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41. I lost my job. ITEM41	☐ 2	☐ 1	---> ITEM41Y	☐	☐	☐	☐	☐
42. I was treated differently because of my race. ITEM42	☐ 2	☐ 1	---> ITEM42Y	☐	☐	☐	☐	☐

During the **LAST 12 MONTHS**...	NO	YES		If YES, how did it make you feel? Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
43. I needed help with my child and couldn't get it.------ ITEM43	☐ 2	☐ 1	If YES ---> ITEM43Y	☐	☐	☐	☐	☐
44. Somebody I know well was hit or beaten up by her boyfriend.---------- ITEM44	☐ 2	☐ 1	---> ITEM44Y	☐	☐	☐	☐	☐
45. I was treated differently because of my sex.---------- ITEM45	☐ 2	☐ 1	---> ITEM45Y	☐	☐	☐	☐	☐
46. Some other serious problem happened in the last 12 months.---------- ITEM46	☐ 2	☐ 1	---> ITEM46Y	☐	☐	☐	☐	☐

A. If YES, what happened? _____