



GROWTH AND HEALTH STUDY  
EVENTS IN THE LAST TWELVE MONTHS

ID number of NGHS girl: ..... ID \_\_\_\_\_

Name code of NGHS girl: ..... VSTNO \_\_\_\_\_

Visit number: .....

Date: ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please **PRINT** your full name:

\_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name

GROWTH AND HEALTH STUDY

EVENTS IN THE LAST TWELVE MONTHS

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

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.

ID						
NC						
VN						

If YES, how did it make you feel?

Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the **LAST 12 MONTHS**...

1. I moved to a new place to live. -----ITEM1  
 NO  <sup>2</sup> YES  <sup>1</sup> If YES <sup>1</sup> -> ITEM1Y
2. My parents separated or got divorced. -----ITEM2  
 NO  <sup>2</sup> YES  <sup>1</sup> -----> ITEM2Y
3. I had an illness that lasted for more than 3 weeks. - ITEM3  
 NO  <sup>2</sup> YES  <sup>1</sup> -----> ITEM3Y
4. One of my parents or guardians had an illness that lasted for more than 3 weeks. -----ITEM4  
 NO  <sup>2</sup> YES  <sup>1</sup> -----> ITEM4Y
5. I was in an accident that forced me to go to the doctor or hospital. -----ITEM5  
 NO  <sup>2</sup> YES  <sup>1</sup> -----> ITEM5Y
6. Somebody in my family needed medical or dental care but couldn't get it. -----ITEM6  
 NO  <sup>2</sup> YES  <sup>1</sup> -----> ITEM6Y

**If YES, how did it make you feel?**

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

If YES, how did it make you feel?

During the LAST 12 MONTHS...	NO	YES	If YES → ITEM	Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
14. Someone moved into or out of my home.----- ITEM14	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM14Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I tried really hard to get a job and couldn't get one.----- ITEM15	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM15Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My family didn't have enough money to buy something I really needed.----- ITEM16	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM16Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I changed to a new school.----- ITEM17	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM17Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I stopped going to school for a while.----- ITEM18	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM18Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I didn't have a best friend for a while.----- ITEM19	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM19Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My boyfriend and I broke up.----- ITEM20	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM20Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, how did it make you feel?

		NO	YES		Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
21.	Things in my life seemed out of control.----- ITEM21	<input type="checkbox"/> 2	<input type="checkbox"/> 1	If YES → ITEM21Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Someone close to me drank too much.----- ITEM22	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM22Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Someone close to me had a drug problem.----- ITEM23	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM23Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I didn't feel safe walking on my street.----- ITEM24	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM24Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I didn't feel safe at home.----- ITEM25	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM25Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I failed a class at school.----- ITEM26	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM26Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I didn't get along with some of my teachers at school.----- ITEM27	<input type="checkbox"/> 2	<input type="checkbox"/> 1	→ ITEM27Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the LAST 12 MONTHS...

If YES, how did it make you feel?

During the LAST 12 MONTHS...

YES

NO

Very Bad  
 Somewhat Bad  
 Not Bad or Good  
 Somewhat Good  
 Very Good

- |     |  |                            |                            |                     |                          |                          |                          |                          |                          |
|-----|--|----------------------------|----------------------------|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. | I didn't feel safe at school.-----<br>ITEM28   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | If YES →<br>ITEM28Y | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | I (or one of my family members) was shot or knifed or something like that.-----<br>ITEM29      | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM29Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Someone I know (not a family member) got shot or knifed or something like that.-----<br>ITEM30 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM30Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Someone I know killed themselves.-----<br>ITEM31   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM31Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | I was the victim of a crime (for example, robbery, mugging, or burglary).-----<br>ITEM32       | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM32Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Someone else in my family was the victim of a crime.-----<br>ITEM33                            | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM33Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | I had sex when I didn't want to.-----<br>ITEM34  | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM34Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | I got pregnant when I didn't want to.-----<br>ITEM35   | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | →<br>ITEM35Y        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, how did it make you feel?

Very Bad      Somewhat Bad      Not Bad or Good      Somewhat Good      Very Good

During the LAST 12 MONTHS...

YES

NO

If YES →  
 ITEM36Y

→  
 ITEM37Y

→  
 ITEM38Y

→  
 ITEM39Y

→  
 ITEM40Y

→  
 ITEM41Y

 1

 1

 1

 1

 1

 1

 2

 2

 2

 2

 2

 2

36. One of my family members was in trouble with the law.-----  
 ITEM36

37. I got a new stepmother or stepfather.-----  
 ITEM37

38. I felt like I really had to watch my step or I might get hurt or in trouble.-----  
 ITEM38

39. A family member or close friend of mine was sent to prison or jail.-----  
 ITEM39

40. I was very worried about my future.-----  
 ITEM40

41. Some other serious problem happened in the last 12 months.-----  
 ITEM41

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





EVENTS IN THE LAST TWELVE MONTHS

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

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.

ID					
NC					
VN					

During the **LAST 12 MONTHS**...

1. I moved to a new place to live. ----- ITEM1

2. My parents separated or got divorced. ----- ITEM2

3. I had an illness that lasted for more than 3 weeks. - ITEM3

4. One of my parents or guardians had an illness that lasted for more than 3 weeks. ----- ITEM4

5. I was in an accident that forced me to go to the doctor or hospital. ----- ITEM5

6. Somebody in my family needed medical or dental care but couldn't get it. ----- ITEM6

If YES, how did it make you feel?

Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES -> ITEM1Y

ITEM2Y

ITEM3Y

ITEM4Y

ITEM5Y

ITEM6Y

If YES, how did it make you feel?

Very Bad      Somewhat Bad      Not Bad or Good      Somewhat Good      Very Good

During the LAST 12 MONTHS...

7. A friend of mine died. ----- ITEM7

NO  2      YES  1

If YES → ITEM7Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

8. One of my parents or guardians died. ----- ITEM8

NO  2      YES  1

→ ITEM8Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

9. My brother or sister died. ----- ITEM9

NO  2      YES  1

→ ITEM9Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

10. Another relative of mine that I felt close to died. ----- ITEM10

NO  2      YES  1

→ ITEM10Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

11. One of my parents or guardians lost her (his) job. -- ITEM11

NO  2      YES  1

→ ITEM11Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

12. I didn't have a place to live for a while. ----- ITEM12

NO  2      YES  1

→ ITEM12Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

13. There was a lot of fighting in my family. ----- ITEM13

NO  2      YES  1

→ ITEM13Y

Very Bad       Somewhat Bad       Not Bad or Good       Somewhat Good       Very Good

If YES, how did it make you feel?

			Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the LAST 12 MONTHS...

			NO	YES				
			<input type="checkbox"/> 2	<input type="checkbox"/> 1				
14.	Someone moved into or out of my home.....	ITEM14			If YES →	ITEM14Y		
15.	I tried really hard to get a job and couldn't get one.....	ITEM15			→	ITEM15Y		
16.	My family didn't have enough money to buy something I really needed.....	ITEM16			→	ITEM16Y		
17.	I changed to a new school.....	ITEM17			→	ITEM17Y		
18.	I stopped going to school for a while.....	ITEM18			→	ITEM18Y		
19.	I didn't have a best friend for a while.....	ITEM19			→	ITEM19Y		
20.	My boyfriend and I broke up.....	ITEM20			→	ITEM20Y		

If YES, how did it make you feel?

Very Bad      Somewhat Bad      Not Bad or Good      Somewhat Good      Very Good

During the LAST 12 MONTHS...

	NO	YES							
	<input type="checkbox"/> 2	<input type="checkbox"/> 1	If YES →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ITEM21Y						
21.	Things in my life seemed out of control.----- ITEM21								
22.	Someone close to me drank too much.----- ITEM22								
23.	Someone close to me had a drug problem.----- ITEM23								
24.	I didn't feel safe walking on my street.----- ITEM24								
25.	I didn't feel safe at home.----- ITEM25								
26.	I failed a class at school.----- ITEM26								
27.	I didn't get along with some of my teachers at school.----- ITEM27								

If YES, how did it make you feel?

Very Bad      Somewhat Bad      Not Bad or Good      Somewhat Good      Very Good

During the LAST 12 MONTHS...

	NO	YES	If YES → ITEM					
28.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	ITEM35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, how did it make you feel?

	Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the LAST 12 MONTHS...

NO YES

\_\_\_\_\_ If YES → ITEM36Y  
 \_\_\_\_\_ → ITEM37Y  
 \_\_\_\_\_ → ITEM38Y  
 \_\_\_\_\_ → ITEM39Y  
 \_\_\_\_\_ → ITEM40Y  
 \_\_\_\_\_ → ITEM41Y  
 \_\_\_\_\_ → ITEM42Y

<sub>1</sub>  <sub>1</sub>  <sub>1</sub>  <sub>1</sub>  <sub>1</sub>  <sub>1</sub>  <sub>1</sub>  <sub>1</sub>

<sub>2</sub>  <sub>2</sub>  <sub>2</sub>  <sub>2</sub>  <sub>2</sub>  <sub>2</sub>  <sub>2</sub>  <sub>2</sub>

- 36. One of my family members was in trouble with the law.----- ITEM36
- 37. I got a new stepmother or stepfather.----- ITEM37
- 38. I felt like I really had to watch my step or I might get hurt or in trouble.----- ITEM38
- 39. A family member or close friend of mine was sent to prison or jail.----- ITEM39
- 40. I was very worried about my future.----- ITEM40
- 41. I lost my job.----- ITEM41
- 42. I was treated differently because of my race.----- ITEM42

If YES, how did it make you feel?

	Very Bad	Somewhat Bad	Not Bad or Good	Somewhat Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the LAST 12 MONTHS...

NO YES

43. I needed help with my child and couldn't get it.-----  
 ITEM43  <sub>2</sub>  <sub>1</sub> If YES → ITEM43Y
44. Somebody I know well was hit or beaten up by  
 her boyfriend.-----  
 ITEM44  <sub>2</sub>  <sub>1</sub> → ITEM44Y
45. I was treated differently because of my sex.-----  
 ITEM45  <sub>2</sub>  <sub>1</sub> → ITEM45Y
46. Some other serious problem happened in the last  
 12 months.-----  
 ITEM46  <sub>2</sub>  <sub>1</sub> → ITEM46Y

A. If YES, what happened? \_\_\_\_\_