



Participant ID #:

Acrostic:

Date: / /
Month Day Year

MESA Follow-up Phone Call 20: General Health Supplement

During your childhood and adolescence (that is, prior to age 18):

	Never	Almost Never	Sometimes	Fairly Often	Very often	No Response
1. How often did a parent or other adult in the household make you feel that you were loved, supported, and cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often did a parent or other adult in the household swear at you, insult you, put you down, or act in a way that made you feel threatened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often did a parent or other adult in the household express physical affection for you, such as hugging or other physical gesture of warmth and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often did a parent or other adult in the household push, grab, shove, or hit you so hard you had marks or were injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often was the household where you grew up well-organized and well-managed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often did your family know what you were up to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>