	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

### Recent Traumatic Events Scale

Participant completes **Recent Traumatic Events Scale** below via online survey at **Month 6, Month 18, and Month 36 Deep Phenotyping Clinic Contacts.**

For the following questions, answer each item that is relevant and be as honest as you can. Each question refers to any event that you may have experienced **since you began participating in this study.**

1. Since your last survey, did you experience a death of a very close friend or family member? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others about the experience at the time?

(1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7


2. Since your last survey, was there a major upheaval between you and your spouse (such as divorce, separation)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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### Recent Traumatic Events Scale

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3. Since your last survey, did you have a traumatic sexual experience (raped, molested, etc.)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7


4. Since your last survey, were you the victim of violence (other than sexual)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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### Recent Traumatic Events Scale

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5. Since your last survey, were you extremely ill or injured? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7


6. Since your last survey, has there been a major change in the kind of work you do (e.g., a new job, promotion, demotion, lateral transfer)? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic			Somewhat traumatic			Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

b. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

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### Recent Traumatic Events Scale

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7. Since your last survey, did you experience any other major upheaval that you think may have shaped your life or personality significantly? <sub>1</sub> Yes <sub>0</sub> No

a. If yes, what was the event? \_\_\_\_\_

b. If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic)

Not at all traumatic		Somewhat traumatic				Extremely traumatic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

c. If yes, how much did you confide in others? (1 = not at all, 7 = a great deal)

Not at all						A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7