**ACT Life Course Survey**

**Thank you for your help in understanding more about experiences over your lifetime.**

* **There are no right or wrong answers.**
* **Your responses will be confidential and anonymous.**
* **Results will not use your name or any other personal information that could identify you.**
* **You may skip any question you do not wish to answer.**

The first questions ask about family and your living situation in early life. Please enter your responses in the space provided*.*

1.What was your name at birth?

2. Please provide as much information as possible about the address where you lived when you were born and when you were 10 years old. If you do not know the street address, please provide the city and state.

|  |  |  |
| --- | --- | --- |
|  | **At Birth** | **At Age 10**  |
| Street address  |  |  |
| City  |  |  |
| State |  |  |
| Country (if not US) |  |  |

3. Please provide the following information about your parents and/or guardians. List the adults under whose legal care you lived most of your life through age 10.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year of Birth** | **Alive Today (Yes/No)** | **Year of Death** | **Person’s First and Last Names When You Were Born** |
| Mother  |  |  |  |  |
| Father  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Did you have a guardian through the age of 10?

Yes - continue

No – Skip Q4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other guardian 1  |  |  |  |  |

Did you have a 2nd guardian through the age of 10?

Yes - continue

No – Skip Q4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other guardian 2 |  |  |  |  |

4. Please provide the following information about up to four siblings (including full, adopted, step- and half-siblings) closest to you in age.

As a child under 18, did you have one or more siblings?

Yes – continue

No – Skip Q5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year of Birth** | **Alive Today (Yes/No)** | **Year of Death** | **Person’s First and Last Names When You Were Born** | **Brother or Sister?** |
| Sibling 1 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

As a child under 18, did you have another sibling?

Yes – continue

No – Skip Q5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sibling 2 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

As a child under 18, did you have another sibling?

Yes – continue

No – Skip Q5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sibling 3 |  |  |  |  |  |
|  |  |  |  |  |  |

As a child under 18, did you have another sibling?

Yes – continue

No – Skip Q5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sibling 4  |  |  |  |  |  |

5. Before age 18, how many times did you move? Do not count moving to college or moving to join the military.

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  |  |

  |  |

**The next questions ask about your education.**

|  |
| --- |
|   |
| 6.1 | **Did you ever enroll in high school?**  |

|  |  |
| --- | --- |
| Yes (continue to # 6.2) | No (skip to # 7.1) |
| □ | □ |

 | 6.2 If **YES**, in what year did you start high school?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| 6.3 Did you graduate from high school?

|  |  |
| --- | --- |
| Yes (continue to # 6.4) | No (skip to # 6.5) |
| □ | □ |

 | 6.4 If **YES**, in what year did you graduate from high school?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

 | 6.5 If **NO**, in what year did you leave high school without finishing?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

   |
| (If **YES**, skip to #8.1).  | (If **NO,** continue to #7.1). |
|  |
| 7.1 | **Did you ever enroll in a General Educational Development (GED) program?**  |

|  |  |
| --- | --- |
| Yes (continue to # 7.2) | No (skip to # 8.1) |
| □ | □ |

 | 7.2 If **YES**, in what year did you start a GED program?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| 7.3 Did you graduate from a GED program?

|  |  |
| --- | --- |
| Yes (continue to # 7.4) | No (skip to # 7.5) |
| □ | □ |

 | 7.4 If **YES**, in what year did you graduate from a GED program?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

 | 7.5 If **NO**, in what year did you leave a GED program without finishing?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

  |
| (If **YES**, continue to #8.1) | (If **NO**, continue to #8.1) |
|  |
| 8.1 | **Did you ever enroll in an associate degree program, vocational school, or trade school?**  |

|  |  |
| --- | --- |
| Yes (continue to # 8.2) | No (skip to # 9.1) |
| □ | □ |

 | 8.2 If **YES**, in what year did you start an associate degree program, vocational school, or trade school?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

   |
| 8.3 Did you graduate from an associate degree program, vocational school, or trade school?

|  |  |
| --- | --- |
| Yes (continue to # 8.4) | No (skip to # 8.5) |
| □ | □ |

 | 8.4 If **YES**, in what year did you graduate from an associate degree program, vocational school, or trade school?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

 | 8.5 If **NO**, in what year did you leave an associate degree program, vocational school, or trade school without finishing?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

 |
| (If **YES**, continue to #9.1) | (If **NO**, continue to #9.1) |
|  |
| 9.1 | **Did you ever enroll in a bachelor’s degree at a four-year college or university?**  |

|  |  |
| --- | --- |
| Yes (continue to # 9.2) | No (skip to # 11.1) |
| □ | □ |

 | 9.2 If **YES**, in what year did you start a bachelor’s degree at a four-year college or university?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

   |
| 9.3 Did you graduate from a bachelor’s degree program at a four-year college or university?

|  |  |
| --- | --- |
| Yes (continue to # 9.4) | No (skip to # 9.5) |
| □ | □ |

 | 9.4 If **YES**, in what year did you graduate from a bachelor’s degree program at a four-year college or university?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

 | 9.5 If **NO**, in what year did you leave a bachelor’s degree program at a four-year college or university?

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |

  |
| (If **YES**, continue to #10.1) | (If **NO**, continue to #10.1) |
|  |
| 10.1 | **Did you ever enroll in a post-baccalaureate (graduate) degree program?** |

|  |  |
| --- | --- |
| Yes (continue to # 10.2) | No (skip to # 11.1) |
| □ | □ |

 | 10.2 If **YES**, in what did year did you start a post-baccalaureate (graduate) degree program?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| 10.3 Did you graduate from a post-baccalaureate (graduate) degree program?

|  |  |
| --- | --- |
| Yes (continue to # 10.4) | No (skip to # 10.5) |
| □ | □ |

 | 10.4 If **YES**, in what year did you graduate from a post-baccalaureate (graduate) degree program?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 | 10.5 If **NO**, in what year did you leave a post-baccalaureate (graduate) degree program without finishing?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| (If **YES**, continue to #11.1) | If **NO**, continue to #11.1) |

**For these next questions, please indicate whether or not any of these are current and ongoing problems have lasted twelve months or longer, and, if so, how upsetting that problem has been to you**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No, didn’t happen | Yes, but not upsetting | Yes, somewhat upsetting | Yes, very upsetting |
| 11.1 Ongoing health problems (in yourself) | 1 | 2 | 3 | 4 |
| 11.2 Ongoing physical or emotional problems (in spouse or child) | 1 | 2 | 3 | 4 |
| 11.3 Ongoing problems with alcohol or drug use in family member | 1 | 2 | 3 | 4 |
| 11.4 Ongoing difficulties at work | 1 | 2 | 3 | 4 |
| 11.5 Ongoing financial strain | 1 | 2 | 3 | 4 |
| 11.6 Ongoing housing problems | 1 | 2 | 3 | 4 |
| 11.7 Ongoing problems in a close relationship | 1 | 2 | 3 | 4 |
| 11.8 Helping at least one sick, limited, or frail family member or friend on a regular basis | 1 | 2 | 3 | 4 |

**The following questions are about marijuana use.**

**Please consider both your medical and recreational marijuana use. Do not include your use of Cannabidiol (CBD) products.**

12.1 Have you ever, even once, used marijuana, cannabis, or hashish?

|  |  |
| --- | --- |
| Yes (continue to question # 12.2) | No (skip to question # 13.1) |
| * 1
 | * 2
 |

12.2 During the past 30 days, on how many days did you use marijuana, cannabis, or hashish?

|  |  |
| --- | --- |
|  |  |

How much you agree or disagree with the following statements?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Slightly disagree | Slightly agree | Somewhat agree | Strongly agree |
| 13.1 I often feel helpless in dealing with the problems of life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13.2 Other people determine most of what I can and cannot do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13.3 What happens in my life is often beyond my control. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13.4 I have little control over the things that happen to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13.5 There is really no way I can solve the problems I have. | 1 | 2 | 3 | 4 | 5 | 6 |

**We would like to understand how you feel about the neighborhood where you currently live.**

Think about the different facilities in and around your neighborhood – by this we mean the area including ALL the facilities and locations around your home that you could walk to in 10-15 minutes.

14.   What is the most common type of housing in your neighborhood?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Detached single-family housing | Townhouses, row houses, apartments, or condos of 2-3 stories | Mix of single-family residences and townhouses, row houses, apartments or condos | Apartments or condos of 4-12 stories | Apartments or condos of more than 12 stories |  |
| * + 1
 | * + 2
 | * + 3
 | * + 4
 | * + 5
 |  |

**For each statement, please think about the neighborhood in which you currently live.**

How much do you agree or disagree with the following statements?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
| 15.1 Many shops, stores, markets, or other places to buy things I need are within easy walking distance of my home.   | 1 | 2 | 3 | 4 |
| 15.2 There is a transit stop (such as bus, train, street car, light rail, tram or ferry) that is a 10 – 15-minute walk from my home.  | 1 | 2 | 3 | 4 |
| 15.3 There are sidewalks on most of the streets in my neighborhood.   | 1 | 2 | 3 | 4 |
| 15.4 There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians.  | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
| 15.5 My neighborhood has several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.  |  | 1 | 2 | 3 | 4 |
| 15.6 The crime rate in my neighborhood makes it unsafe to go for walks at night.  |  | 1 | 2 | 3 | 4 |
| 15.7 There is so much traffic in the streets that it makes it difficult or unpleasant to walk in my neighborhood.   |  | 1 | 2 | 3 | 4 |
| 15.8 I see many people being physically active in my neighborhood, doing things like walking, jogging, cycling, to playing sports and active games.  |  | 1 | 2 | 3 | 4 |
| 15.9 The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed.  |  | 1 | 2 | 3 | 4 |
| 15.10 There are many places to go within easy walking distance of my home.  |  | 1 | 2 | 3 | 4 |
| 15.11 People around my neighborhood are willing to help their neighbors.  |  | 1 | 2 | 3 | 4 |

**For each statement, please think about the neighborhood in which you currently live.**

Please answer how much you agree or disagree with the following statements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | Highly agree | Agree | Slightly agree | Neutral | Slightly disagree | Disagree | Highly disagree |
| 16.1 It is safe to walk alone after dark | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.2 My neighborhood has vandalism and graffiti  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.3 Area is kept very clean | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.4 There are no vacant/deserted houses in my neighborhood | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.5 Feel a part of this area | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.6 Most people in my neighborhood can be trusted | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.7 Most people in my neighborhood are friendly  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16.8 People in my neighborhood help if you are in trouble  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**For the next questions, please think about the neighborhood you lived in for the longest period of time when you were a child (when you were younger than 18 years of age).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Not very | Somewhat | Very |
| 17.1 Was it safe being out alone at night?  | 1 | 2 | 3 | 4 |
| 17.2 Were neighbors willing to help each other out? | 1 | 2 | 3 | 4 |
| 17.3 Were neighbors very close-knit?  | 1 | 2 | 3 | 4 |
| 17.4 Was the neighborhood very clean and attractive?  | 1 | 2 | 3 | 4 |

18.1 **Think about instances when you provided unpaid care to a relative or friend with some sort of special need to help them take care of themselves for a period of 6 months or more.**

* Raising children without special needs does not apply here and is addressed in the next table.
* A special need could be an illness, disability, or mental health problem.
* Helping them take care of themselves may include personal needs or household chores, managing a person’s finances, arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

**Have you ever provided such care?**

|  |  |
| --- | --- |
| Yes (continue to # 18.2) | No (skip to # 19.1) |
|  |  |  |

18.2 **From the following list, please choose the people for whom you have provided unpaid care.** If you have provided unpaid care for more than five people, please list the five that you consider to be the most important. If you are currently caring for someone, please write the current year in the END YEAR box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 | What is the initial of person 1: | Relationship to the person:* Parent / Parent-in-law
* Spouse or partner
* Friend or acquaintance
* Biological, adopted or step-child
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Start year | End year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Is there another person for whom you have provided unpaid care?

Yes - continue

No – Skip 19.1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #2 | What is the initial of person 2: | What is the relationship to the person:* Parent / Parent-in-law
* Spouse or partner
* Friend or acquaintance
* Biological, adopted or step-child
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Start year | End year |

Is there another person for whom you have provided unpaid care?

Yes - continue

No – Skip 19.1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #3 | What is the initial of person 3: | What is the relationship to the person:* Parent / Parent-in-law
* Spouse or partner
* Friend or acquaintance
* Biological, adopted or step-child
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Start year | End year |

Is there another person for whom you have provided unpaid care?

Yes - continue

No – Skip 19.1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #4 | What is the initial of person 4: | What is the relationship to the person:* Parent / Parent-in-law
* Spouse or partner
* Friend or acquaintance
* Biological, adopted or step-child
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Start year | End year |

Is there another person for whom you have provided unpaid care?

Yes - continue

No – Skip 19.1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #5 | What is the initial of person 5: | What is the relationship to the person:* Parent / Parent-in-law
* Spouse or partner
* Friend or acquaintance
* Biological, adopted or step-child
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Start year | End year |

19.1 Some people dedicate parts of their lives to the unpaid work of raising children and/or caring for their home or homemaking.  **Since completing your full-time education, has taking care of children (unpaid) or homemaking been your full-time occupation for a period of six or more months?**

|  |  |
| --- | --- |
| Yes (continue to # 19.2) | No (skip to # 20.1) |
|  |  |  |

19.2 **Please answer the following questions about the 3 longest periods during which you worked in this unpaid role.** (Please do not include periods when you were working for pay more than 10 hours per week.)

|  |  |  |  |
| --- | --- | --- | --- |
| #1 | What was the nature of the unpaid work (check all that apply):* Childcare (unpaid)
* Homemaking
* Other (please specify):
 | Start year (for each unpaid role) | End year (for each unpaid role) |
|
|  |  |  |  |
|
|  |  |  |  |
|

Was there another period of unpaid work?

Yes - continue

No – skip Q20.1

|  |  |  |  |
| --- | --- | --- | --- |
| #2 | What was the nature of the unpaid work (check all that apply):* Childcare (unpaid)
* Homemaking
* Other (please specify):
 | Start year (for each unpaid role) | End year (for each unpaid role) |
|
|  |  |  |  |
|

Was there another period of unpaid work?

Yes - continue

No – skip Q20.1

|  |  |  |  |
| --- | --- | --- | --- |
| #3 | What was the nature of the unpaid work (check all that apply):* Childcare (unpaid)
* Homemaking
* Other (please specify):
 | Start year (for each unpaid role) | End year (for each unpaid role) |
|

**Thinking about your employment status in 2000:**

20.1 Were you working? Yes (proceed to 20.3) No (proceed to 20.2)

20.2 If no, did you work between 1995 - 1999? Yes (proceed to 20.3) No (proceed to 21.1)

20.3 What was your occupation(s) or job title(s)?

20.4 What were your duties?

20.5 Type of company/department:

20.6 Years in this job:

20.7 Dates in this job(s) (years):

**We would like to understand more about experiences during your childhood. Some of these questions may ask about sensitive information. You may skip any question you do not wish to answer.**

Some of the questions below may bring up difficult reactions, emotions, feelings, or a low mood. We encourage you to talk with your doctor about any symptoms you may have in response to questions on this survey.

You can also make an appointment with Kaiser Permanente's Behavioral Health Services by calling the appointment line: 1-888-287-2680 or 206-901-6300. Other resources that may be helpful include:

* At Kaiser Permanente Washington clinics, social workers have a key role in supporting medical teams by providing brief support and counseling. Your local clinic social worker can offer guidance on a wide range of concerns including low mood and anxiety. You can make an appointment by calling the Social Work appointment line: 1-877-216-6216 or 1-206-630-1924.
* At each Kaiser Permanente Washington clinic, Community Resource Specialists (CRS) function as an important link between patient’s primary care team and the surrounding community, empowering patients to get active in their own care. The CRS in your doctor’s office can help connect you with resources, help with things like finding transportation, housing, access to food, caregiver support and much more. To see your clinic’s CRS, please contact your doctor and ask for a referral.

**This set of questions is intended to learn more about your childhood experiences and emotions.**

**In this section, please think about how you typically felt when you were younger than 18 years of age.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Now, looking back before you were 18 years of age . . . | Yes | No | Don’t know or Not sure | Decline to respond |
| 21.1 Did you live with anyone who was depressed, mentally ill, or suicidal?  | 1 | 2 | 3 | 4 |
| 21.2 Did you live with anyone who was a problem drinker or alcoholic? | 1 | 2 | 3 | 4 |
| 21.3 Did you live with anyone who used illegal street drugs or who abused prescription medications? | 1 | 2 | 3 | 4 |
| 21.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Still, looking back before you were 18 years of age . . . | Yes | No | Parents not married | Don’t know or Not sure | Decline to respond |
| 22.1 Were your parents separated or divorced? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Still, looking back before you were 18 years of age . . . | Never | Once | More than once | Don’t know or Not sure | Decline to respond |
| 23.1 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? | 1 | 2 | 3 | 4 | 5 |
| 23.2 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? | 1 | 2 | 3 | 4 | 5 |
| 23.3 How often did a parent or adult in your home ever swear at you, insult you, or put you down? | 1 | 2 | 3 | 4 | 5 |
| 23.4 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? | 1 | 2 | 3 | 4 | 5 |
| 23.5 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? | 1 | 2 | 3 | 4 | 5 |
| 23.6 How often did anyone at least 5 years older than you or an adult, force you to have sex? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Still, looking back before you were 18 years of age . . . | Never | A little of the time | Some of the time | Most of the time | All of the time | Don’t know or Not sure | Decline to respond |
| 24.1 For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24.2 For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**Thank you for participating in this survey.**

**FOR PAPER**

**Please return your survey in the postage-paid envelope included.**