## Exposure to Adverse Childhood Experiences and Oral Health Measures in Adulthood:

## Findings from the 2010 Behavioral Risk Factor Surveillance System

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## Appendix

## Adverse Childhood Events questions on the 2010 Behavioral Risk Factor Surveillance System Survey.

- Did you live with anyone who was depressed, mentally ill, or suicidal? (Yes, No, Don't Know/Not sure, Refused)
- Did you live with anyone who was a problem drinker or alcoholic? (Yes, No, Don't Know/Not sure, Refused)
- 3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (Yes, No, Don't Know/Not sure, Refused)
- 4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (Yes, No, Don't Know/Not sure, Refused)
- Were your parents separated or divorced? (Yes, No, Don't Know/Not sure, Parents not married, Refused)
- 6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (*Never, Once, more than once, Don't know/Not Sure, Refused*)
- Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (Never, Once, more than once, Don't know/Not Sure, Refused)
- 8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (*Never, Once, more than once, Don't know/Not Sure, Refused*)
- 9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (*Never, Once, more than once, Don't know/Not Sure, Refused*)
- 10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (*Never, Once, more than once, Don't know/Not Sure, Refused*)
- 11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (Never, Once, more than once, Don't know/Not Sure, Refused)