

## APPENDIX A

## Informed Consent

We are conducting a study on Stress and coping. Participation in this study is completely voluntary. Participants can end their involvement in the study at any time. Simply exit the study, and delete the link to the study. There is another risk for study participants. Participants may experience feelings of fatigue, frustration, or boredom while answering survey questions. We have taken steps to minimize this risk. We did this by selecting only the most important questions. And, we attempted to limit the amount of time it takes to answer questions.

**Potential Benefits:** There are no direct benefits for study participants. No benefits from study participation are being promised or guaranteed.

**Payments:** There are no payments for participating in this study. However, a participant has a 3 in 200 chance of winning a \$300, \$200, or \$100 gift certificate for use at [www.Amazon.com](http://www.Amazon.com). Once 200 participants complete the entire survey, a program will automatically send out bar-coded gift certificates to 3 randomly chosen e-mail accounts. This happens without linking participants to their survey answers.

**Data Storage and Protection of Confidentiality:** Since this is an online survey, actual names, addresses and phone numbers are not needed. Only aggregate (group) data will be used by the researchers. The designers of the website have taken steps to ensure that all data will remain secure, private and confidential.

**Time Involvement:** Study participation should take about 40 minutes. You will be asked to answer survey questions.

## APPENDIX B

***PARTICIPANT'S RIGHTS***

I have read and discussed the Research Description. I have had the opportunity to ask questions about the purposes and procedures regarding this study.

My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status or other entitlements.

The researcher may withdraw me from the research at his/her professional discretion.

If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.

Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.

If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions.

My ELECTRONIC signature means that I agree to participate in this study. Participant's ELECTRONIC assent: \_\_\_ Yes I reviewed my Participants Rights \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**THIS STUDY'S IRB PROTOCOL NUMBER 16-121**

## APPENDIX C

***SCREENING FOR STUDY PARTICIPATION***

- 1) Are you age 18 years of age or older? Yes\_\_\_ No\_\_\_
- 2) Are you able to read and understand English on a 12<sup>th</sup> grade level? Yes\_\_\_ No\_\_\_
- 3) Are you willing to complete an online survey on lifetime stress and coping for a 3 in 200 chance to win a \$300, \$200, or \$100 prize—meaning a bar-coded certificate for use on [www.amazon.com](http://www.amazon.com)? Yes \_\_\_  
No\_\_\_
- 4) Are you willing to answer questions about any stressful childhood or life experiences and how you coped with stress, including some questions on your personal behavior (e.g., alcohol/drug use, sexual behavior, etc...), while your responses will remain confidential and your identity will remain anonymous?  
Yes\_\_\_ No\_\_\_
- 5) Are you able to devote about 40 minutes to this study at this time? Yes\_\_\_ No\_\_\_

If you answered NO to any of the four above questions, then please STOP HERE. This study opportunity is not for you. Please forward the study link to people you think are able to answer YES to the above questions.

Appendix D  
Study Survey

THE LIFETIME STRESS AND COPING SURVEY (LSCS)

[www.surveymonkey.com/r/LifetimeStressAndCopingSurvey](http://www.surveymonkey.com/r/LifetimeStressAndCopingSurvey)

- PART I: DEMOGRAPHIC SURVEY (DS-10) What is your gender? Male\_\_\_\_ Female\_\_\_\_  
Transgender\_\_\_\_
- What is the gender of your preferred partner? Male\_\_\_\_ Female\_\_\_\_ Either\_\_\_\_ What is your age in years? \_\_\_\_years.
4. What is the highest level of school you have completed or the highest degree you have received?  
1. High school incomplete or less 2.High school graduate or GED  
3. Some college (including tech/vocational, some community college, degree)  
4. Four year college degree/bachelor's degree,  
5.Some postgraduate or professional schooling, no postgraduate degree  
associate's  
6.Postgraduate or professional degree, including master's, doctorate, medical or law degree
5. Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban? Yes\_\_\_\_  
No\_\_\_\_
6. Which of the following describes your race?  
1. White 2. Black of African-American 3. Asian or Asian-American 4. Native American/American  
Indian/Alaska Native 5. Native Hawaiian/Other Pacific Islanders 6. Some other race, specify:  
7. Were you born in the United States or in another country?  
1 United States 2 Another country
8. Which of these best describes your marital status?  
1 Married 2 Living with a partner 3 Divorced 4 Separated 5 Widowed 6 Never been married
9. What is your employment status? 1. Employed full time\_\_\_\_\_ 2. Employed part  
time\_\_\_\_\_ 3. Self-employed\_\_\_\_\_ 4. Unemployed\_\_\_\_\_
5. Student\_\_\_\_\_ 6. Military\_\_\_\_\_ 7.  
Retired\_\_\_\_\_ 8. Unable to Work \_\_\_\_\_
10. Last year, that is in 2015, what was your total family income from all sources, before taxes?  
1. Less than \$10,000  
2. \$10,000 to \$19,999 3. \$20,000 to \$29,999  
1. \$30,000 to \$39,999  
2. \$40,000 to \$49,999  
3. \$50,000 to \$59,999  
7. \$60,000 to \$69,999  
1. \$70,000 to \$79,999  
2. \$80,000 to \$89,999  
10. \$90,000 to \$99,999  
11. \$100,000 to \$149,999  
12. \$150,000 or more

**PART II: ADVERSE CHILDHOOD EXPERIENCE SCORE (ACE-10)**

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? No\_\_\_ If Yes, enter 1 \_\_\_
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? No\_\_\_ If Yes, enter 1 \_\_\_
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? No\_\_\_ If Yes, enter 1 \_\_\_
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? No\_\_\_ If Yes, enter 1 \_\_\_
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? No\_\_\_ If Yes, enter 1 \_\_\_
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason? No\_\_\_ If Yes, enter 1 \_\_\_
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? No\_\_\_ If Yes, enter 1 \_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No\_\_\_ If Yes, enter 1 \_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No\_\_\_ If Yes, enter 1 \_\_\_
10. Did a household member go to prison? No\_\_\_ If Yes, enter 1 \_\_\_

**PART III: BRIEF TRAUMA QUESTIONNAIRE (BTQ-10)**

The following questions ask about events that may be extraordinarily stressful or disturbing for almost everyone. Please indicate "Yes" or "No" to report what has happened to you.

If you answer "Yes" for an event, please answer: (1) whether you thought your life was in danger or you might be seriously injured; and (2) whether you were seriously injured.

If you answer "No" for an event, go on to the next event

1. Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty)?  
\_\_\_No \_\_\_Yes (YES!SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes Were you seriously injured? \_\_\_No \_\_\_Yes
2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else? \_\_\_No \_\_\_Yes (YES!SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes Were you seriously injured? \_\_\_No \_\_\_Yes
3. Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill? Or, have you been in a disaster related to a terrorist attack?  
\_\_\_No \_\_\_Yes (YES!SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes Were you seriously injured? \_\_\_No \_\_\_Yes

4. **Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?** \_\_\_No \_\_\_Yes (YES!SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes  
Were you seriously injured? \_\_\_No \_\_\_Yes
5. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?  
\_\_\_No \_\_\_Yes (YES! SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes  
Were you seriously injured? \_\_\_No \_\_\_Yes
6. Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members, or strangers? \_\_\_No \_\_\_Yes (YES! SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes  
Were you seriously injured? \_\_\_No \_\_\_Yes
7. Has anyone ever made or pressured you into having some type of unwanted sexual contact? Note: By sexual contact we mean any contact between someone else and your private parts or between you and someone else's private parts \_\_\_No \_\_\_Yes (YES!SKIP LOGIC TO) Did you think your life was in danger or you might be seriously injured? \_\_\_No \_\_\_Yes  
Were you seriously injured? \_\_\_No \_\_\_Yes
8. Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed? (For example, during an arrest experience, an incarceration experience, a refugee crisis, or immigration/migration experience?)  
\_\_\_No \_\_\_Yes (YES! SKIP LOGIC TO) Were you seriously injured? \_\_\_No \_\_\_Yes
9. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack—including through school violence, gang violence, community violence, or some other type of serious violence or accident? \_\_\_No \_\_\_Yes
10. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed?  
Note: Do not answer "yes" for any event you already reported in Questions 1-9 \_\_\_No \_\_\_Yes

#### **PART IV: PTSD CHECKLIST—CIVILIAN VERSION (PCL-S- 17)**

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, select the response option for **how much you have been bothered by that problem in the last month.**

- 1- Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?  
\_\_\_ (1) Not at all \_\_\_ (2) A little bit \_\_\_ (3) Moderately \_\_\_ (4) Quite a bit \_\_\_(5) Extremely
- 2- Repeated, disturbing dreams of a stressful experience from the past? \_\_\_ (1) Not at all \_\_\_ (2) A little bit \_\_\_ (3) Moderately \_\_\_ (4) Quite a bit \_\_\_ (5) Extremely
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? \_\_\_ (1) Not at all \_\_\_ (2) A little bit \_\_\_ (3) Moderately \_\_\_ (4) Quite a bit \_\_\_ (5) Extremely
4. Feeling very upset when something reminded you of a stressful experience from the past?  
\_\_\_ (1) Not at all \_\_\_ (2) A little bit \_\_\_ (3) Moderately \_\_\_ (4) Quite a bit \_\_\_ (5) Extremely
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?  
\_\_\_ (1) Not at all \_\_\_ (2) A little bit \_\_\_ (3) Moderately \_\_\_ (4) Quite a bit \_\_\_ (5) Extremely

6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?

\_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

7. Avoid activities or situations because they remind you of a stressful experience from the past?

\_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

8. Trouble remembering important parts of a stressful experience from the past?

\_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

9. Loss of interest in things that you used to enjoy? \_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

10. Feeling distant or cut off from other people? \_\_ (1) Not at all

\_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

11. Feeling emotionally numb or being unable to have loving feelings for those close to you? \_\_

(1) Not at all

\_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

12. Feeling as if your future will somehow be cut short? \_\_ (1) Not at all

\_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

13. Trouble falling or staying asleep? \_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_

(4) Quite a bit \_\_ (5) Extremely

14. Feeling irritable or having angry outbursts? \_\_ (1) Not at all

\_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

15. Having difficulty concentrating? \_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4)

Quite a bit \_\_ (5) Extremely

16. Being “super alert” or watchful on guard? \_\_ (1) Not at all

\_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4) Quite a bit \_\_ (5) Extremely

17. Feeling jumpy or easily startled? \_\_ (1) Not at all \_\_ (2) A little bit \_\_ (3) Moderately \_\_ (4)

Quite a bit \_\_ (5) Extremely