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| **Supplemental Table 1.** Comparison of California Lupus Epidemiology Study (CLUES) and Behavioral Risk Factor Surveillance Survey (BRFSS) Adverse Childhood Experiences (ACE) questionnaires. |
|  |  | **ACE Questionnaire** |
|  |  | **CLUES** | **2015 CA BRFSS** |
| **Domain** | **Item** | **Question** | **Response options** | **Question** | **Response options** |
| **Abuse** |
|  | Verbal/Emotional Abuse | Did a parent or other adult in the household 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? | YES/NO | Did a parent or adult in the home ever verbally abuse you? | Never/ Once/ >Once \* |
|  | Physical Abuse | Did a parent or other adult in the household often push, grab, slap, or throw something at you? -OR- Ever hit you so hard that you had marks or were injured? | YES/NO | Did a parent or adult in the home ever physically abuse you?  | Never/ Once/ >Once \* |
|  | Sexual Abuse | 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- Try or actually have oral, anal, or vaginal sex with you?  | YES/NO | How often did anyone at least 5 years older than you ever touch you sexually? | Never/ Once/ >Once \* |
| **Household Challenges**  |
|  | Separation/Divorce | Were your parents ever separated or divorced?  | YES/NO | Were your parents separated or divorced because of marital problems? | YES/NO |
|  | Alcohol Use | Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  | YES/NO | Did you live with anyone who was a problem drinker or alcoholic? | YES/NO |
|  | Substance Use | Combined with above |  | Did you live with someone who used illegal street drugs or abused prescription medications? | YES/NO |
|  | Mental Illness | Was a household member depressed or mentally ill or did a household member attempt suicide? | YES/NO | Did you live with anyone who was depressed, mentally ill, or suicidal? | YES/NO |
|  | Incarcerated Adults | Did a household member go to prison? | YES/NO | Did you live with someone who served time or who was sentenced to serve time in prison?  | YES/NO |
|  | Violence  | Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? -OR- Sometimes or 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?  | YES/NO | How often did a parent or adult in your home ever beat each other up?  | Never/ Once/ >Once \* |
| **Neglect**  |
|  | Emotional Neglect  | Did you 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?  | YES/NO | Not included |  |
|  | Physical Neglect | Did you 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? | YES/NO | Not included |  |
| \* In the CA BRFSS data, those responding “once” or “> once” were classified as “yes.” |