

Table S1

Adverse Childhood Experiences Questionnaire Subscale Items

ACEs-Abuse

- 1) Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you?
 - 2) Did a parent or other adult in the household often act in a way that made you afraid that you might be physically hurt?
 - 3) Did a parent or other adult in the household often push, grab, slap, or throw something at you?
 - 4) Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?
 - 5) 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?
 - 6) Did an adult or person at least 5 years older than you ever try to or actually have oral, anal, or vaginal sex with you?
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ACEs-Neglect

- 7) Did you often feel that no one in your family loved you or thought you were important or special?
 - 8) Did you often feel that your family didn't look out for each other, feel close to each other, or support each other?
 - 9) Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
 - 10) Did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
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ACEs-Household Dysfunction

- 11) Were your parents ever separated or divorced?
 - 12) Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?
 - 13) Was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
 - 14) Was your mother or stepmother ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
 - 15) Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
 - 16) Was a household member depressed or mentally ill or did a household member attempt suicide?
 - 17) Did a household member ever go to prison?
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Note: ACE=adverse childhood experience
