

Overview of Life Events Checklist Survey completed by Highland County Students

Number of surveys completed	237
Male	117
Female	117
Prefer not to say	3
Questions asked	Percentage who answered they had experienced or witnessed
Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	60.00%
Exposure to parental / caregiver use of illegal substance (for example Marijuana, methadone, heroin, non prescribed pain pills.)	30.00%
Exposure to parental / caregiver addiction to alcohol	28.00%
Experience feeling 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?	17.00%
Experience 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?	30.00%
Experience feeling ... 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?	25.00%
Were your parents ever separated or divorced?	50.00%
Was a household member depressed or mentally ill or did a household member attempt suicide?	34.00%
Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	30.00%
Did a household member go to prison?	24.00%
Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	10.00%
Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	11.00%
Other unwanted or uncomfortable sexual experience	14.00%
Any other very stressful event or experience	35.00%
Have you taken any illegal substance in the last 30 days (pot, alcohol, non prescribed opiates, hallucigenics etc.)	17.00%