



## Center for Youth Wellness adverse Childhood Experiences Questionnaire

To be completed by Caregiver/Parent

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Many children experience stressful life events that can affect their health and well-being. The results from this questionnaire will assist your child's therapist in assessing his or her health and determining guidance.** Please read the statements below. Count the number of statements that apply to your child and write the total number in the box.

Please **Do NOT** mark or indicate which specific statements apply to your child.

1. Of the statements in Section 1, how many apply to your child? Write the total number here: \_\_\_\_\_

- Your child's parents or guardians were separated or divorced.
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill, or attempted suicide • Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child, or a household member acted in a way that made your child afraid that she or he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way • More than once your child went without food, clothing, or a place to love, or had no one to protect her or him
- Someone pushed, grabbed, slapped, or threw something at your child, or your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved, or unprotected

2. Of the statements in Section 2, how many apply to your child? Write the total number here: \_\_\_\_\_



At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her or his primary caregiver through deportation or immigration •
- Your child had a serious medical procedure or life-threatening illness
- Your child often saw or heard violence in the neighborhood or in her or his school neighborhood •
- Your child was often treated badly because of race, sexual orientation, place of birth, disability, or religion.

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