

Childhood Experiences (age 12+)

Please check all that apply to you or that you have experienced:

- ☐ Your parents or guardians were separated or divorced
- ☐ You lived with a household member who served time in jail or prison
- ☐ You lived with a household member who was depressed, mentally ill, or attempted suicide
- ☐ You saw or heard household members hurt or threaten to hurt each other
- ☐ A household member swore at, insulted, humiliated, or put you down in a way that scared you
- ☐ A household member acted in a way that made you afraid you might be physically hurt
- ☐ Someone touched your private parts or asked you to touch their private parts in a sexual way
- ☐ More than once, you went without food, clothing, a place to live, or had no one to protect you
- ☐ Someone pushed, grabbed, slapped, or threw something at you
- ☐ You were hit so hard that you were injured or had marks
- ☐ You lived with someone who had a problem with drinking or drugs
- ☐ You often felt unsupported, unloved, and/or unprotected
- ☐ You have been in foster care
- ☐ You experienced harassment or bullying at school
- ☐ You lived with a parent or guardian who died
- ☐ You were separated from your caregiver due to deportation or immigration
- ☐ You had a serious medical procedure or life-threatening illness
- ☐ You often saw or heard violence in the neighborhood or in your school
- ☐ You were often treated badly because of race/sexual orientation/place of birth/disability/religion
- ☐ You experienced verbal or physical abuse or threats from a boyfriend/girlfriend