

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very 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
2. Did a parent or other adult in the household often or very often...
push, grab, slap, or throw something at you?
OR
Ever hit you so hard that you had marks or were injured? Yes No
3. 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
attempt or actually have oral, anal, or vaginal intercourse with you? Yes No
4. Did you often or very 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
5. Did you often or very 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
6. Were your parents ever separated or divorced? Yes No
7. Was your mother or stepmother:
often or very often pushed, grabbed, slapped, or had something thrown at her?
OR
sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR
ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes No
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No
10. Did a household member go to prison? Yes No
11. Did you experience repeated bullying as a child? Yes No
12. Did you repeatedly experience discrimination based on ethnicity, skin color or sexual orientation? Yes No
13. Did you live in a neighborhood that experienced gang related violence? Yes No
14. Did you ever live in a foster home or group home? Yes No

Resilience Score

Please answer the questions below using the following scoring guide:

0	1	2	3	4
Definitely Not True	Probably Not True	Not Sure	Probably True	Definitely True

1. I believe my mother loved me when I was little. 0 1 2 3 4

2. I believe that my father loved me when I was little. 0 1 2 3 4

3. When I was little, other people helped my parents take care of me and they seemed to love me. 0 1 2 3 4

4. I've heard that when I was an infant, someone in my family enjoyed playing with me and I enjoyed it too. 0 1 2 3 4

5. When I was a child, there were relatives in my family who helped me feel better when I was sad or worried. 0 1 2 3 4

6. When I was a child, neighbors or my friends' parents seemed to like me. 0 1 2 3 4

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me. 0 1 2 3 4

8. Someone in my family cared about how I was doing in school. 0 1 2 3 4

9. My family, friends neighbors and friends talked about making our lives better. 0 1 2 3 4

10. We had rules in our house and were expected to keep them. 0 1 2 3 4

11. When I felt really bad, I could almost always find someone I trusted to talk to. 0 1 2 3 4

12. As a youth, people noticed that I was capable and could get things done. 0 1 2 3 4

13. I was independent and a go-getter. 0 1 2 3 4

14. I believe that life is what you make it. 0 1 2 3 4

15. There are people I can count on now in my life. 0 1 2 3 4

Total Score: _____