

Name: _____ Birth date: _____

Health and wellness can be affected by difficult life experiences. We want to help you if you answer yes to any of the questions below.

It's ok not to answer any questions that seem too much for you. We promise to keep your answers confidential, unless there's actual physical or sexual abuse taking place (or past sexual abuse that wasn't reported).

1. Have you experienced being sworn at, insulted frequently, or been put down verbally? Yes/No
2. Has your parent ever experienced being pushed, grabbed, slapped, or had something thrown at them, or been hit so hard that they were injured or had a mark? Yes/No
Did you see this happen? Yes/No
3. Have you been the victim of violence (physical abuse, mugged or assaulted)? Yes/No
4. Has anyone fondled, touched you inappropriately, or sexually abused you? Yes/No
5. Have you often felt that no one in your family loved you, or looked out for you, or felt close to you? Yes/No
6. Have you ever experienced not having enough to eat, had to wear dirty clothes, or had no one to protect you? Yes/No
7. Have you ever lived with someone that was a problem drinker or alcoholic, or had a drug addiction problem? Yes/No
8. Were your parents/guardians ever too drunk or high to take care of you? Yes/No
9. Were your parents/guardians ever separated or divorced? Yes/No
10. Have you ever had a household member who was mentally ill, depressed, or committed suicide? Yes/No
11. Have you ever had a household member go to jail/prison or be deported? Yes/No
12. Have you ever experienced homelessness or been in foster care? Yes/No
13. Have you had to move or change schools a number of times? Yes/No
14. Have you experienced the death of a very close friend or family member? Yes/No
15. Have you been extremely ill or injured? Yes/No
16. Have you ever been pregnant or gotten someone pregnant? Yes/No
17. Is there anything else you'd like to tell us?

If you had one or more of these experiences, we can help you. Your provider or staff member may go over these questions with you and offer support and resources to help you. Please ask if you feel you may need more information or help.

What Keeps Your Family Strong & Healthy?

Part of growing up healthy means children AND parents have the tools they need to do a good job. We want to help your children and family stay healthy in any way we can.

We're asking these confidential questions so we can better understand what we can do to meet your needs. Your answers are private, and you can skip any questions you don't feel comfortable with.

- 1.** Does your family have a safe place to live & enough healthy food to eat?

Yes *No*

- 2.** When something difficult happens, does your family talk about the problem together?

Yes *No*

- 3.** Does your family have a place to go for emotional support & friendship? For example, a network of family & friends, a sports community, a spiritual community, or another supportive group?

Yes *No*

- 4.** Does your family spend time together playing & enjoying each other? For example, do you spend time exercising, watching shows, sharing meals, reading, playing games, or celebrating birthdays/holidays?

Yes *No*

- 5.** Does your family encourage school & education for your children?

Yes *No*

- 6.** When things are hard and you need help, does your family know where to ask for help?

Yes *No*

- 7.** Does your family need help with things like smoke alarms, car seats, food, housing, legal aid, health insurance, or other challenges you can think of?

No *Yes*

- 8.** Is there anything else you want us to know about?

No *Yes*