

**Date Of Birth:** \_\_\_\_\_

**Patient Initials:** \_\_\_\_\_

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

Please circle “yes” or “no” for yourself, and for your child. It’s ok to not answer any questions that seem too much for you. We promise to keep your answers confidential unless there is actual physical abuse or sexual abuse taking place.

1. Have you ever experienced being sworn at, insulted frequently, or been put down verbally? Has your child witnessed or experienced this?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

2. Have you ever experienced being pushed, grabbed, slapped, had something thrown at you, or been hit so hard that you were injured or had a mark? Has your child witnessed or experienced this?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

3. Have you ever experienced an adult 5 years older than you who fondled you, touched you inappropriately, or sexually abused you? Has your child witnessed or experienced this?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

4. As a child, did you often feel that *no* one in your family loved you or looked out for you or felt close to you? Has your child experienced this?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

5. Have you or your child ever experienced not having enough to eat, having to wear dirty clothes, or had *no* one to protect you?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

6. Were your parents/guardian too drunk or high to take care of you as a child? Has your child experienced this?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

7. Were your parents/guardian separated or divorced when you were a child? Did your child experience your separation or divorce?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

8. Have you or your child ever lived with someone who was a problem drinker or an alcoholic?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

9. Did you or your child ever have a household family member who was mentally ill, depressed, or commit suicide?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

10. Did you or your child ever have a household family member go to prison or be deported?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

11. Have you or your child ever experienced homelessness?

**Parent/Guardian:** *yes no*                      **Child:** *yes no*

12. Is there anything else you would like to tell us?

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

## 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*

