Instructions: I’m going to ask you about different experiences your child may have had. Please think about things that may have happened to your child in addition to the experience that brought you here today.

1. Has your child ever been in or seen a serious accident?  
   - [ ] Yes  
   - [ ] No

2. Has someone close to your child ever been very sick or very hurt or injured?  
   - [ ] Yes  
   - [ ] No

3. Has your child ever experienced a severe illness or injury?  
   - [ ] Yes  
   - [ ] No

4. Has your child ever experienced a painful or scary medical treatment either when they were injured or sick?  
   - [ ] Yes  
   - [ ] No

5. Has your child ever experienced the death of someone close to him/her?  
   - [ ] Yes  
   - [ ] No

6. Has your child ever been unexpectedly separated from you (caregiver) or another person significant in the child’s life?  
   - [ ] Yes  
   - [ ] No

7. Has someone close to your child ever attempted or committed suicide or harmed him/herself?  
   - [ ] Yes  
   - [ ] No

8. Has your child ever been physically hurt (e.g., hit, kicked, punched) or threatened to be hurt?  
   - [ ] Yes  
   - [ ] No

9. Has someone ever robbed from your child? Or has your child ever witnessed this?  
   - [ ] Yes  
   - [ ] No

10. Has your child ever been attacked by a dog or other animal?  
    - [ ] Yes  
    - [ ] No

11. Has your child ever seen or heard a family member(s) physically fighting, attacking (e.g., pushing, hitting, punching, or using weapons) or beating each other up or threatening to hurt one another?  
    - [ ] Yes  
    - [ ] No

12. Has your child ever seen or heard someone in your neighborhood or school attacking each other or beating each other up (e.g., pushing, hitting, punching, or using weapons) or threatening to hurt one another?  
    - [ ] Yes  
    - [ ] No

13. Has someone ever made your child watch or do something sexual (e.g., such as touching your child in a sexual way, touching your child’s private parts, making your child touch their private parts, or made your child watch someone else touch themselves in a sexual way?)  
    - [ ] Yes  
    - [ ] No

14. Has someone important to your child ever repeatedly told your child that s/he was no good, repeatedly yelled at your child in a scary way, or had someone threaten to abandon your child, leave your child, or send them away?  
    - [ ] Yes  
    - [ ] No

15. Has a peer ever bullied your child on the internet or in person (e.g., called him/her names, teased him/her, made up stories about him/her, repeatedly told him/her they were no good, excluded them or threatened to hurt him/her)?  
    - [ ] Yes  
    - [ ] No

16. Has your child ever had a time when s/he did not have enough food or a place to live?  
    - [ ] Yes  
    - [ ] No

17. Has there ever been a time in your child’s life when an adult wasn’t taking care of him/her? (e.g., when s/he didn’t get fed, didn’t have clothes to wear or when s/he weren’t taken to school or to the doctor when s/he needed to go?)  
    - [ ] Yes  
    - [ ] No

18. Has your child ever seen anyone in your home using drugs like smoking drugs (other than cigarettes) or using needles?  
    - [ ] Yes  
    - [ ] No

19. Has your child ever seen anyone in your home drink too much (get drunk)?  
    - [ ] Yes  
    - [ ] No

20. Has your child ever been exposed to a natural disaster (e.g., been in a really bad storm like a hurricane or tornado or in a fire, flood or earthquake)?  
    - [ ] Yes  
    - [ ] No

21. Has your child ever experienced man-made disaster (e.g., bombings, or another situation where somebody did something that hurt or killed a lot of people at the same time) or exposure to war?  
    - [ ] Yes  
    - [ ] No

22. Has your child ever witnessed a family member who was arrested, or had a family member in jail?  
    - [ ] Yes  
    - [ ] No

23. Have there been other very scary or upsetting things that have happened to your child?  
    - [ ] Yes  
    - [ ] No