



Southwest Iowa Families, Inc.  
215 E. Washington St., Clarinda, IA 51632  
Phone: (712) 542-3501 Fax: (712) 542-4725

<b>Client's Name:</b>	<b>DOB:</b>	<b>Today's Date:</b>
<b>Your Name:</b>	<b>Relationship to Client:</b>	

**Many children experience stressful life events that can affect their health and well-being. The results from this questionnaire will assist your child's therapist in assessing his or her health and determining guidance.** Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1. Of the statements in Section 1, **HOW MANY** apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced.
- Your child lived with a household member who served time in jail or prison.
- Your child lived with a household member who was depressed, mentally ill, or attempted suicide.
- Your child saw or heard household members hurt or threaten to hurt each other.
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child. OR a household member acted in a way that made your child afraid that she or he might be physically hurt.
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way.
- More than once, your child went without food, clothing, or a place to live, or had no one to protect her or him.
- Someone pushed, grabbed, slapped, or threw something at your child, OR your child was hit so hard that your child was injured or had marks.
- Your child lived with someone who had a problem with drinking or using drugs.
- Your child often felt unsupported, unloved, or unprotected.

2. Of the statements in Section 2, **HOW MANY** apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care.
- Your child experienced harassment or bullying at school.
- Your child lived with a parent or guardian who died.
- Your child was separated from her or his primary caregiver through deportation or immigration.
- Your child had a serious medical procedure or life-threatening illness.
- Your child often saw or heard violence in the neighborhood or in her or his school neighborhood.
- Your child was often treated badly because of race, sexual orientation, place of birth, disability, or religion.