



moved in or out)

Total (YES): _____

PART 2

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community, or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Has you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?
8. Has your child ever been detained, arrested, or incarcerated?
9. Has your child ever experienced verbal or physical abuse or threats from a romantic partner?
(for example, a boyfriend or girlfriend)

YES **NO**

Total (YES): _____