LAVERDURE PSYCHIATRY

Jennifer A. Durward, APRN, PMHNP-BC
305 3rd. Ave Suite 312 Havre, MT 59501
P: (406)-945-9019
F: (406)-945-9021
www.laverdurepsychiatry.com

PEDIATRIC ACEs AND RELATED LIFE EVENTS SCREENER (PEARLS)

TEEN **(Self-Report) – To Be Completed By** PATIENT

Name: _____ Date: _____

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "YES," then the answer to the entire question is "YES."

PART 1

	YES	NO
1. Have you ever lived was a parent/caregiver who went to jail/prison?		
2. Have you felt unsupported, unloved and/or unprotected?		
3. Have you ever lived with a parent/caregiver who had mental health issues? (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)		
4. Has a parent/caregiver ever insulted, humiliated, or put you down?		
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?		
6. Have you ever lacked appropriate care by any caregiver? (for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)		
7. Have you seen or hear a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult?		
Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?		
8. Has any adult in the household often or very often pushed, grabbed, slapped, thrown something at you?		
Or has any adult in the household ever hit you so hard that you had marks or were injured?		
Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?		
9. Have you ever experienced sexual abuse? (for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)		
10. Have there ever been significant changes in the relationship status of your caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)		

Total (YES): _____

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PART 2

	YES	NO
1. Have you 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. Have you 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. Have you 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 you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?		
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?		
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?		
7. Have you ever lived with a parent or caregiver who died?		
8. Have you ever been detained, arrested, or incarcerated?		
9. Have you ever experienced verbal or physical abuse or threats from a romantic partner? (for example, a boyfriend or girlfriend)		

Total (YES): _____