 

**CHILDHOOD EXPERIENCES SURVEY**

I’d like to ask you some questions about events that happened during your life.

These are sensitive questions that may make some people feel uncomfortable. Please keep in mind that you can skip any question you do not want to answer.

All of the following questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age …

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| **1** | As a child, how often did your family experience serious financial problems? Would you say…Never Rarely Sometimes Often Very often |
| **2** | How often were you hungry because your family could not afford food? Would you say…Never Rarely Sometimes Often Very often |
| **3** | How often were you homeless when you were growing up?Never Rarely Sometimes Often Very often(Note: This means having to stay somewhere like a transitional housing program, a shelter, a hotel/motel paid by voucher, someone else’s home, a car or other vehicle, an abandoned building, anywhere outside, or anywhere else not meant for people to live.) |
| **4** | How often did a parent or adult in your home ever swear at you, insult you, or put you down?Never Rarely Sometimes Often Very often |
| **5** | How often were you bullied or severely teased by other children or adolescents?Never Rarely Sometimes Often Very often(Note: This refers to bullying or teasing by children or adolescents of any age. They could have been older than you, younger than you, or the same age. It does not include experiences with adults or with siblings.) |
| **6** | Before age 18, how often was there an adult in your household who tried hard to make sure your basic needs were met? By "basic needs" we mean food, shelter, clothing, and medical care.Never Rarely Sometimes Often Very often (Note: This could be any adult in the household, not just a parent.) |
| **7** | How often was there an adult in your household who made you feel safe and protected?Never Rarely Sometimes Often Very often |
| **8** | Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.Never Once More than once |
| **9** | How often did your parents or adults in your home ever slap, hit, beat, kick, or physically hurt each other?Never Once More than once |

 

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| **10** | How often did an adult, or anyone at least 5 years older than you, touch you sexually, try to make you touch them sexually, or force you to have sex?Never Once More than once |
| **11** | Did you live with anyone who was depressed, mentally ill, or suicidal?Yes No |
| **12** | Did you live with anyone who was a problem drinker or alcoholic?Yes No |
| **13** | Did you live with anyone who used illegal street drugs or who abused prescription medications?Yes No |
| **14** | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?Yes No |
| **15** | Were your parents separated or divorced?Yes No (Parents are married) No (Parents are not married) |
| **16** | Was either one of your parents absent from your life for a long period of time? Do not include absence due to death of parent.Yes No |
| **17** | Before age 18, did you experience the death of a parent, caregiver, or sibling?Yes No |
| **18** | Before age 18, were you ever the victim of a violent crime? This refers to any violent act that was perpetrated by someone other than a parent or household family member.Yes No |
| **19** | Overall, how uncomfortable did you feel answering the questions on this survey?Not at all Slightly Moderately Very Extremely |

This survey was adapted from the Adverse Childhood Experience (ACE) module of the Behavioral Risk Factor Surveillance System for use by the Wisconsin Department of Children and Families, Family Foundations Comprehensive Home Visiting Program (Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Survey Questionnaire*, Atlanta, Georgia:

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012).

**Today's Date:** / /

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