



## Survey of Family Stressors

Client Name: \_\_\_\_\_

The following are possible stressors that you or your child might have experienced. This survey helps to understand the experiences they may have happened in your family and for your child.

### **1) Parent/Guardian Experiences:**

- Recent birth of child
- Death of a family member or significant other
- Marital problems
- Partner Violence (hitting, kicking, slapping, pushing, etc.)
- Job loss
- Legal problems
- Probation or Parol
- Incarceration

### **2) Child Experiences:**

- Change in childcare in the last 12 months
- Change in Parents /Caregiver
- Removal of child from the home/Foster Care
- Medical illness of a family member
- New person in household (including new siblings)
- Parental divorce or separation
- Parental remarriage
- Child mental illness
- Child physical illness
- Legal problems/involvement with juvenile justice center
- Special developmental needs (ADHD, Autism, Learning disability, etc.)

3) Have you attended parenting classes before? Yes No

4) Has your child ever seen or heard family members act like they were going to kill or hurt each other badly, even if they didn't actually do it? Yes No

5) Has your child ever seen or heard a family member being hit, punched, kicked very hard or killed? Y N

6) Has your child ever heard a family member being humiliated, insulted or called a bad name? Yes No

7) Has your child ever had a family member who was put in jail or prison or taken away by the police?  
YES No

- 8) Has your child ever had a parent swear at him/her, insult him/her, or had hurtful things said to him/her such as “You are no good,” “You will be sent away because you are bad,” or “I wish you were never born”? YES NO
- 9) Has anyone ever said they were going to hurt your child really badly or kill him/her, or acted like they were going to hurt your child very badly or kill him/her, even if this person didn’t actually do it? Yes NO
- 10) Has your child ever had someone living in his/her home who abused alcohol or used drugs? YES NO
- 11) Has your child ever seen someone in the home try to hurt or kill himself/herself, such as cutting himself/herself or taking too many pills or drugs? YES NO
- 12) Has your child ever had a family member who was depressed or mentally ill for a long time? YES NO
- 13) Has someone in your child’s home ever been physically violent toward him/her, such as whipping, kicking, or hitting hard enough to leave marks? YES NO
- 14) Has someone ever kidnapped or attempted to kidnap your child? YES NO
- 15) Has someone ever touched your child’s private sexual body parts when he/she did not want them to? YES NO
- 16) Has someone ever made your child touch another person’s private sexual body parts or exposed their private parts to your child in a sexual nature? YES NO
- 17) Has an adult ever tied your child up, gagged him/her, blindfolded him/her, or locked him/her in a closet or a dark scary place? YES NO
- 18) Has your child ever had a time in his/her life when he/she did not have enough to eat, or was left in charge of younger brothers or sisters for long periods of time? YES NO
- 19) Has your child ever had a family member (including pets) or someone else very close to him/her die unexpectedly? YES NO