

Pediatric ACEs and Related Life Events Screener

TEEN

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.





Pediatric ACEs and Related Life Events Screener (PEARLS)

	——— TEEN (Parent/Caregiver Report) - To be completed by: Caregiver ———	_
	At any point in time since your child was born, has your child 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 " <u>OR</u> ." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."	
P	ART 1: Please check "Yes" where apply.	$ \sqrt{} $
1.	Has your child ever lived with a parent/caregiver who went to jail/prison?	
2.	Do you think your child ever felt unsupported, unloved and/or unprotected?	
3.	Has your child 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 down your child?	
5.	Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?	
6.	Has your child ever lacked appropriate care by any caregiver? (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)	
7.	Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?	
	Or has your child 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 or thrown something at your child?	
	Or has any adult in the household ever hit your child so hard that your child had marks or was injured?	
	Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?	
9.	Has your child ever experienced sexual abuse? (for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)	
10	. Have there ever been significant changes in the relationship status of the child's caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)	





How many "Yes" did you answer in Part 1?:

PART 2:		Please check "Yes" where apply.	$ \sqrt{} $
1.	Has your child ever seen, heard, or been a victim of vic community or school? (for example, targeted bullying, assault or other violent		
2.	Has your child experienced discrimination? (for example, being hassled or made to feel inferior or ethnicity, gender identity, sexual orientation, religion, le		
3.	Has your child ever had problems with housing? (for example, being homeless, not having a stable plactimes in a six-month period, faced eviction or foreclosur families or family members)		
4.	Have you ever worried that your child did not have end your child would run out before you could buy more?	ugh food to eat or that the food for	
5.	Has your child ever been separated from their parent of immigration?	or caregiver due to foster care, or	
6.	Has your child ever lived with a parent/caregiver who has disability?	ad a serious physical illness or	
7.	Has your child ever lived with a parent or caregiver wh	o died?	
8.	Has your child ever been detained, arrested or incarce	rated?	
9.	Has your child ever experienced verbal or physical abupartners? (for example, a boyfriend or girlfriend)	ise or threats from a romantic	
	How many "	Yes" did you answer in Part 2?:	



