

CHILDHOOD EXPERIENCES SURVEY: YOUTH VERSION

All of the following questions refer to experiences since you were born. Now, looking back on your childhood...

	Never	Rarely	Sometimes	Often	Very often
1. How often has your family experienced serious financial problems?	<input type="radio"/>				
2. How often have you been hungry because your family could not afford food?	<input type="radio"/>				
3. How often have you been homeless? <i>(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.)</i>	<input type="radio"/>				
4. How often has a parent or adult in your home ever swore at you, insulted you, or put you down?	<input type="radio"/>				
5. How often have you been bullied or severely teased by other children or adolescents? <i>(This refers to bullying or teasing by children or adolescents of any age. They could be older than you, younger than you, or the same age. It does not include experiences with adults or with siblings.)</i>	<input type="radio"/>				
6. How often has there been 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. <i>(This could be any adult in the household, not just a parent.)</i>	<input type="radio"/>				
7. How often has there been an adult in your household who made you feel safe and protected?	<input type="radio"/>				
			Never	Once	More than once
8. How often has a parent or adult in your home ever hit, beat, kicked, or physically hurt <u>you</u> in any way? Do not include spanking.	<input type="radio"/>				
9. How often have your parents or adults in your home ever slapped, hit, beat, kicked, or physically hurt <u>each other</u> ?	<input type="radio"/>				
10. How often has an adult, or anyone at least 5 years older than you, touched you sexually, tried to make you touch them sexually, or forced you to have sex?	<input type="radio"/>				
				Yes	No
11. Have you lived with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>				
12. Have you lived with anyone who was a problem drinker or alcoholic?	<input type="radio"/>				
13. Have you lived with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>				
14. Have you lived with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>				
15. Are your parents separated or divorced?	<input type="radio"/>				
16. Have either one of your parents been absent from your life for a long period of time? Do not include absence due to death of parent.	<input type="radio"/>				
17. Have you experienced the death of a parent, caregiver, or sibling?	<input type="radio"/>				
18. Have you ever been 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.	<input type="radio"/>				
	Not at all	Slightly	Moderately	Very	Extremely
19. Overall, how uncomfortable did you feel answering the questions on this survey?	<input type="radio"/>				

Adapted from Centers for Disease Control and Prevention. (2012). *Behavioral Risk Factor Surveillance System Survey Questionnaire: Adverse Childhood Experiences Module*. Atlanta, Georgia: Author.

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