

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically, the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

1. Did you lose a parent through divorce, death, abandonment or any other reason?	<input type="checkbox"/>
2. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>
4. Did you live with anyone who was depressed, mentally ill or attempted suicide?	<input type="checkbox"/>
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="checkbox"/>
6. Did you live with anyone who went to jail or prison?	<input type="checkbox"/>
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>
8. Did a parent in your home ever kick, hit, beat or physically hurt you in any way?	<input type="checkbox"/>
9. Did you feel that no one in your family loved you or thought you were special?	<input type="checkbox"/>
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse or penetration)?	<input type="checkbox"/>

Do you believe that these experiences have affected your health?

- Not Much Some A Lot

**Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.**