Parent Questions for Children Ages 0 through 8 months

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

Please complete both sides of this form.

MaineHealth

EMOTIONAL CHANGES WITH A NEW BABY**

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things
   - ⓪ As much as I always could
   - ① Not quite so much now
   - ② Definitely not so much now
   - ③ Not at all

2. I have looked forward with enjoyment to things
   - ⓪ As much as I ever did
   - ① Rather less than I used to
   - ② Definitely less than I used to
   - ③ Hardly at all

3. I have blamed myself unnecessarily when things went wrong*
   - ③ Yes, most of the time
   - ② Yes, some of the time
   - ① Not very often
   - ⓪ No, never

4. I have been anxious or worried for no good reason
   - ③ No, not at all
   - ② Hardly ever
   - ① Yes, sometimes
   - ⓪ Yes, very often

5. I have felt scared or panicky for no good reason*
   - ③ Yes, quite a lot
   - ② Yes, sometimes
   - ① No, not much
   - ⓪ No, not at all

6. Things have been getting on top of me*
   - ③ Yes, most of the time I haven't been able to cope at all
   - ② Yes, somestimes I haven't been coping as well as usual
   - ① No, most of the time I have coped quite well
   - ⓪ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Not very often
   - ⓪ No, not at all

8. I have felt sad or miserable*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Not very often
   - ⓪ No, not at all

9. I have been so unhappy that I have been crying*
   - ③ Yes, most of the time
   - ② Yes, quite often
   - ① Only occasionally
   - ⓪ No, never

10. The thought of harming myself has occurred to me*
   - ③ Yes, quite often
   - ② Sometimes
   - ① Hardly ever
   - ⓪ Never

Please complete both sides of this form.

MaineHealth

Parent Questions for Children Ages 9 months through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

MaineHealth

Parent Questions for Children Ages 9 months through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

MaineHealth

Parent Questions for Children Ages 3 through 8 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

ADVERSE CHILDHOOD EXPERIENCES*

Please read the statements below, HOW MANY statements apply to your child? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you circled a number in the Adverse Childhood Experiences box, OR answered yes to either of the last two questions, please consider filling out the back of the form.

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018

MaineHealth

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
3. My child feels grouchy, angry or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2

* UCLA-PTSD Reaction Index, Parent Screening Version (Ropert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Parent Questions for Children Ages 9 through 11 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

ADVERSE CHILDHOOD EXPERIENCES*

Please read the statements below, HOW MANY statements apply to your child? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you circled a number in the Adverse Childhood Experiences box, OR answered yes to either of the last two questions, please consider filling out the back of the form.

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018

MaineHealth

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
3. My child feels grouchy, angry or sad.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever ☐ 0	Sometimes ☐ 1	A lot ☐ 2

* UCLA-PTSD Reaction Index, Parent Screening Version (Ropert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)

Questions for Ages 12 and Older: To be completed by patient only.

Stressful experiences can affect the health of many young people. Answering the following questions will help your provider to better understand you. The questions are designed to be completed by you alone and you can choose to answer them or not.

How often have you been bothered by each of the following symptoms during the past two weeks?

Feeling down, depressed irritable or hopeless?	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day
Little interest or pleasure in doing things?	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day

During the PAST 12 MONTHS, on how many days did you (please list # of days in each box; put "0" if none):*

Drink more than a few sips of beer, wine, or any drink containing **alcohol?** ☐

Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? ☐

Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? ☐

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" had been using alcohol or drugs? ☐ Yes ☐ No

ADVERSE CHILDHOOD EXPERIENCES**

Please read the statements below, HOW MANY statements apply to you? Circle the total number:

0 1 2 3 4 5 6 7 8 9 10

At any point since you were born:

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

Has anyone **hurt or frightened** you recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you recently or in the last year? ☐ Yes ☐ No

If you circled a number in the Adverse Childhood Experiences box, OR answered yes to either of the last two questions, please consider filling out the back of the form.

* *CRAFFT 2.1 Adolescent Screening Tool. © John R. Knight, MD, Boston Children's Hospital, 2018.*

** *Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018*

MaineHealth

Patient Report of Child Symptoms

1. I get upset, afraid, or sad when something makes me think about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
3. I feel grouchy, or I am easily angered.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
4. I try not to talk about, think about or have feelings about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
5. I have trouble going to sleep or wake up often during the night.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
6. I have trouble concentrating or paying attention.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
7. I try to stay away from people, places or things that make me remember what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
8. I have bad dreams, including dreams about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
9. I feel alone inside and not close to other people.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4

Key: none=0 times per week; Most = 4x per week

* Abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)

Revised October 1, 2019

Parent Questions for Children Ages 0 through 6 months

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, we worried about how to pay for diapers.

☐ Never True ☐ Sometimes True ☐ Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? ☐ Yes ☐ No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? ☐ Yes ☐ No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

EMOTIONAL CHANGES WITH A NEW BABY**

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things
   ⓪ As much as I always could ① Not quite so much now ② Definitely not so much now ③ Not at all
2. I have looked forward with enjoyment to things
   ⓪ As much as I ever did ① Rather less than I used to ② Definitely less than I used to ③ Hardly at all
3. I have blamed myself unnecessarily when things went wrong*
   ③ Yes, most of the time ② Yes, some of the time ① Not very often ⓪ No, never
4. I have been anxious or worried for no good reason
   ③ No, not at all ② Hardly ever ① Yes, sometimes ⓪ Yes, very often
5. I have felt scared or panicky for no good reason*
   ③ Yes, quite a lot ② Yes, sometimes ① No, not much ⓪ No, not at all
6. Things have been getting on top of me*
   ③ Yes, most of the time I haven't been able to cope at all ② Yes, sometimes I haven't been coping as well as usual ① No, most of the time I have coped quite well ⓪ No, I have been coping as well ever
7. I have been so unhappy that I have had difficulty sleeping*
   ③ Yes, most of the time ② Yes, sometimes ① Not very often ⓪ No, not at all
8. I have felt sad or miserable*
   ③ Yes, most of the time ② Yes, quite often ① Not very often ⓪ No, not at all
9. I have been so unhappy that I have been crying*
   ③ Yes, most of the time ② Yes, quite often ① Only occasionally ⓪ No, never
10. The thought of harming myself has occurred to me*
    ③ Yes, quite often ② Sometimes ① Hardly ever ⓪ Never

Adapted with permission from the Center for Youth Wellness ACE Questionnaire (ACE-Q). 2018

MaineHealth

Patient Report of Child Symptoms

1. I get upset, afraid, or sad when something makes me think about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
3. I feel grouchy, or I am easily angered.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
4. I try not to talk about, think about or have feelings about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
5. I have trouble going to sleep or wake up often during the night.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
6. I have trouble concentrating or paying attention.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
7. I try to stay away from people, places or things that make me remember what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
8. I have bad dreams, including dreams about what happened.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4
9. I feel alone inside and not close to other people.	None ☐ 0	Little ☐ 1	Some ☐ 2	Much ☐ 3	Most ☐ 4

Key: none=0 times per week; Most = 4x per week

* Abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)

Revised October 1, 2019

Questions for Ages 12 and Older: To be completed by parent only.

We ask all of our families about access to food because what we eat is so closely connected to our health. You can choose to answer these or not.

For each statement, please tell me whether the statement was "often true, sometimes true, or never true" for your household:

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

☐ Never True ☐ Sometimes True ☐ Often True

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