

# CLIFFORD BEERS CLINIC FAMILY STRESSFUL LIFE EVENTS SCREEN

Stress is a normal part of everyone's life, but too much stress can have negative effects on both mental and physical health. We are interested in understanding about the different kinds of stressful situations that families go through. To start, we'd like to learn about the members of your family.

Please list the names and ages of people who live in your house. If there are other important people who help take care of your children who live outside your home, please list their names and ages outside of the house. Once you've added your family members, draw a circle around the people you think are the most stressed.



Adults living in Household			
<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Relationship</u>
_____			
_____			
_____			
_____			
_____			

  

Children under 18 living with you now			
<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Relationship</u>
_____			
_____			
_____			
_____			
_____			

Important Family Members Living Elsewhere			
<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
_____			
_____			
_____			
_____			
_____			

**CLIFFORD BEERS CLINIC  
FAMILY STRESSFUL LIFE EVENTS SCREEN**

Many people experience things in life that are very upsetting and which would be frightening or stressful to nearly anyone. Please think about the family members you listed on the last page when you answer these questions. Thank you.

<b>STRESSORS:</b>	Yes	No
1. Has anyone in your family had medical problems or developmental delays that take a lot of time and energy? <i>Examples: asthma, ear infections, diabetes, learning disabilities, autism, etc.</i>		
2. Has anyone in your family had a serious medical issue? <i>Examples: birth defect, cancer, heart attack, HIV, obesity or operation</i>		
3. Has anyone in your family had mental health issues? <i>Examples: been depressed, anxious, attempted to kill or hurt themselves, had explosive anger or not able to leave the house</i>		
4. Has anyone in your family used drugs, medication or alcohol to an extent that caused someone to worry about them, caused problems for people around them, or interfered with their functioning?		
5. Has anyone in your family had any stressful or unexpected events related to life changes? <i>Examples: entry into school, children leaving home after graduation</i>		
6. Has anyone in your family had any stressful or unexpected events related to the couple relationship? <i>Examples: a new marriage or re-marriage, or a separation or divorce</i>		
7. Has anyone in your family had an untimely, sudden or stressful death? <i>Examples: murder, suicide, stillbirth, overdose, death of a family member</i>		
8. Has anyone in your family been separated from someone who s/he depends on for love or security for more than a few days? <i>Examples: kidnapping, immigration, loss of custody/visitation, parent abandoning family</i>		
9. Has anyone in your family been separated from someone who s/he depends? <i>Examples: DCF removal, foster care, placement with a relative, in a hospital or residential facility</i>		
10. Has anyone in your family had a job that caused them to be at risk, live away from the family, or caused the family to move? <i>Examples: working as a police officer, fire-fighter, in the military</i>		
11. Has there ever been a time when your family had unstable housing? <i>Examples: had no place to live, slept in a shelter, moved more than 3 times in a year, been evicted, lived in a hotel</i>		
12. Has a family member ever been sent to prison?		

<b>STRESSORS:</b>	Yes	No
13. Has anyone in your family ever experienced sexual abuse or sexual violence? <i>Examples: been touched or made to touch someone in a sexual way, had sex because they were forced or threatened, or been forced to see something sexual done to another person</i>		
14. Has anyone in your family been physically abused? <i>Example: physically attacked or harshly punished by slapping, burning, choking or beating by someone known like a parent, partner, or spouse</i>		
15. Has anyone in your family seen or experienced violence between family members? <i>Examples: seeing hitting, kicking, punching, or using a gun or knife</i>		
16. Has anyone in your family been emotionally abused? <i>Examples: shamed, called names, yelled at in a scary way, insulted, embarrassed, bullied or threatened</i>		
17. Has there been a time when a family member did not have basic needs taken care of? <i>Examples: did not have food, a place to live, clothing</i>		
18. Has there ever been a time when a child did not have appropriate supervision? <i>Examples: being left alone with someone who was not able to care for the child like someone too young or old, or someone who was using drugs or alcohol</i>		
19. Does your family live in an area where you feel unsafe because of violence in the neighborhood? <i>Examples: gang activity, drug sales, vandalism, prostitution, murder or other criminal activity</i>		
20. Has anyone in your family been harassed or injured? <i>Examples: targeted due to race, ethnicity, culture, political beliefs, religion, sexual orientation, etc.</i>		
21. Has anyone in your family been exposed to war, terrorism or torture?		
22. Has anyone in your family seen or heard someone use a gun or other weapon to threaten or hurt someone?		
23. Have you ever been exposed to a natural disaster where you lost property, housing, or someone was injured or died? <i>Examples: an earthquake, hurricane, or flood</i>		
24. Has anyone in your family ever been in a manmade disaster? <i>Examples: a fire, explosion or bombing</i>		
25. Has anyone in your family ever been in a serious accident? <i>Examples: a bad car wreck, a bike accident, a fall, or near drowning</i>		
26. Has anyone in your family ever been attacked by a dog or other animal?		
27. Has anyone in your family ever been so badly injured they almost died?		

Thank You!