

For patients 18 years old & up

Montefiore



Dear Valued Patient of Montefiore:

At Montefiore, we care about your physical and emotional health, and we want to make sure that you receive the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. Answering this questionnaire is completely **optional**.

We would like you to **answer the following questions based on your life experiences before the age of 18**. Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

While YOU were growing up, during your first 18 years of life:

1. Were your parents ever separated or divorced?
2. Was anyone you lived with depressed or mentally ill, or did they attempt suicide?
3. Did you live with anyone who was a problem drinker, alcoholic or used street drugs?
4. Did anyone you lived with go to prison?
5. Was your mother or step-mother pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, had something thrown at her, repeatedly hit for at least a few minutes, or ever threatened or hurt by a knife or a gun?
6. While you were growing up, did you sometimes not have enough to eat, wear dirty clothes, not have anyone take you to the doctor, or were your parents too drunk or high to take care of you?
7. Did a parent or adult in your home swear at you, insult you, or put you down or act in a way that made you afraid you might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
9. Did a parent, adult, or someone at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
10. While you were growing up, did you feel as if there was NO ONE who made you feel special or loved, or that your family was NOT a source of strength, support and protection for you?



Total Number of "YES" Answers Here: _____