

Pediatric ACEs and Related Life Events Screener (PEARLS) and Social and Behavioral Determinants of Health (SBDOH)

DEIDENTIFIED – AGES 0 TO 11 – TO BE COMPLETED BY CAREGIVER

Please answer the questions below about potentially stressful experiences that can impact health. Your answers are confidential and will help your provider better care for you and your child.

For the Sections 1 and 2: At any point since your child was born, has your child experienced, seen or been present when the following experiences happened?

Add up the number of “Yes” answers, and put the total number of “Yes” answers in the box. Some questions have more than one part separated by “OR.” If any part or multiple parts of the question are answered, “Yes,” then the answer to the entire question is one “Yes.”

PEARLS Part 1, Section 1

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child has ever felt unsupported, unloved, and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? For example: depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder.
4. Has a parent/caregiver every insulted, humiliated, or put down your child?
5. Has the child’s parent or any caregiver ever had, or currently has, a problem with too much alcohol, street drugs, or prescription medication use?
6. Has your child ever lacked appropriate care by any caregiver? For example: not being protected from unsafe situations or not cared for when sick or injured even when resources were available.
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? <u>Or</u> Has your child ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up, or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped, or thrown something at your child? <u>Or</u> Has any adult in the household ever hit your child so hard that your child had marks or was injured? <u>Or</u> Has any adult in the household ever threatened your child or acted in a way that made your child afraid he/she might be hurt?
9. Has your child ever experienced sexual abuse? For example: has anyone touched your child or asked your child to touch that person in a way that was unwanted or made your child feel uncomfortable; or has anyone ever attempted or actually had oral, anal, or vaginal sex with your child?
10. Have there ever been significant changes in the relationship status of your child’s caregiver(s)? For example: a parent/caregiver got divorced or separated, or a romantic partner moved in or out.
Add up the “Yes” answers in this section:

Helpful Numbers: LA Mental Health Help-1-800-854-7771 or text “LA” or “Home” to 741741 * National Child Abuse Hotline (if you experienced any kind of abuse as a child, teen, or adult) 800-422-4453 * National Domestic Violence Hotline 800-799-SAFE (7233) * Substance Abuse Service Helpline-1-844-804-7500 * For comments/ questions, email: ACEs-LA@dhs.lacounty.gov.

PEARLS Part 2, Section 2

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community, or school? For example: targeted bullying, assault other violent actions, war, terrorism.
2. Has your child experienced discrimination? For example: being hassled, made to feel inferior, or excluded because of race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities.
3. Has your child ever had problems with housing? For example: being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple family members.
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from his/her parent/caregiver due to foster care or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent/caregiver who died?
Add up the "Yes" answers in this section:

Resilience Question, Section 3 *Please write your answer in the box.*

What are your child's strengths?

SBDOH, Section 4 *Please Check off one answer. You can also skip a question.*

Yes No

	Yes	No
1. Do you or your family have difficulty finding the resources to pay for very basics like food, housing, medical care, and heating?		
2. Do you have any significant outstanding bills or debts?		
3. Do you want help finding or keeping work or a job?		
4. Do you want help with school or training? For example: starting or completing job training, getting high school diploma/GED.		
5. In the place that you and your child currently live, do you or your family have problems with any of the following: pests (such as bugs, ants, mice), mold, lead paint, lead pipes, lack of heat, oven or stove not working, smoke detectors missing or not working, water leaks, living conditions, or other housing problems.		
6. In the last 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?		
7. In the last 12 months, has lack of reliable transportation kept you or your child from medical appointments, meetings, work, or from getting things needed for daily living?		
8. Would you like guidance or assistance with any legal issues. For example: immigration, housing issues, eviction, child custody, child support, domestic violence, getting ID/birth certificate, unpaid wages, improper termination, school support, or public benefits (CalFresh, SSI, CalWorks...)		