

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

DEIDENTIFIED – AGES 12 AND OLDER – TO BE COMPLETED BY PATIENT

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.

For the Sections 1 and 2: At any point since you were born, have you 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. Have you ever lived with a parent/caregiver who went to jail/prison?
2. Have you ever felt unsupported, unloved, and/or unprotected?
3. Have you 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 ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has, a problem with too much alcohol, street drugs, or use of prescription medications?
6. Have you 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. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? <u>Or</u> Have you 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 you? <u>Or</u> Has any adult in the household ever hit you so hard that you had marks or were injured? <u>Or</u> Has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?
9. Have you ever experienced sexual abuse? For example: has anyone touched you or asked you to touch that person in a way that was unwanted or made you feel uncomfortable; or has anyone ever attempted or actually had oral, anal, or vaginal sex with you?
10. Have there ever been significant changes in the relationship status of your 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. Have you ever seen, heard, or been a victim of violence in your neighborhood, community, or school? For example: targeted bullying, assault, war, terrorism, or other violent actions.
2. Have you 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. Have you 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 you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Have you ever been separated from your parent/caregiver due to foster care or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent/caregiver who died?
8. Have you ever been detained, arrested, or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partner? For example, from a boyfriend or girlfriend.
Add up the “Yes” answers in this section:

Resilience Questions, Section 3 *Please select a box and write in your answer.*

Do you bounce back quickly after illness or hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
What are your strengths?

SBD OH, 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 or your family 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 family currently live, do you or your family have problems with any of the following: pests, mold, lead paint, lead pipes, lack of heat, oven/stove not working, smoke detectors missing/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 family 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...)		