

# MONTANA EXPERIENCES AND EXPRESSIONS SCREENER (MONTANA EES)

## Worksheet 9-17

Do you feel safe at home? Circle one:      Yes                      No

Experiences: Sometimes very upsetting things happen to people, and I'd like for you to tell me if any of the things below has EVER happened to you.

Of all of the statements below, HOW MANY apply to you? Please color or fill in any circle for each statement that applies to you. If a question doesn't make sense, ask the person who provided the questions to you to explain. If you don't want to answer the questions, you don't have to. If you feel uncomfortable, you can ask the person who gave you this worksheet to skip the question or stop asking the survey questions altogether.

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- ~ Have you frequently been denied a meal because your caregiver or parent was angry with you?
- ~ Have you ever not had a home or shelter to stay in?
- ~ Has anyone kept you from seeing the doctor when you were hurt?
- ~ Has anyone ever stolen something from you or your family?
- ~ Have you ever seen someone who cares for you drink a lot or do drugs in front of you?
- ~ Have other kids, including your brothers or sisters, ever hurt you or threatened to hurt you (emotionally or physically)?
- ~ Has anyone in your home had special care because they were sick for a long time (cancer, epilepsy, cystic fibrosis, etc.)?
- ~ Has anyone ever used the internet or a cell phone to hurt or embarrass you (starting rumors, sharing pictures)?
- ~ Have you ever seen one of your parents or caregivers threaten to or physically hurt another person in your home?
- ~ Has a parent or caregiver physically hurt you?
- ~ Has a parent or anyone close to you died (illness, injury, suicide)?
- ~ Have you ever seen a parent or loved one removed from your home (kicked out or arrested)?
- ~ Have you ever seen *or* experienced violence in your school or community (physical force meant to harm someone)?
- ~ Has anyone ever touched, or tried to touch, private parts of your body in a way that made you uncomfortable?

