JVQ-R2, Screener Sum Version, Caregiver Lifetime Form

Now we are going to ask you about some things that might have happened in your child’s life.

1) At any time in your child’s life, did anyone use force to take something away from your child that your child was carrying or wearing?
   _ Yes
   _ No

2) At any time in your child’s life, did anyone steal something from your child and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?
   _ Yes
   _ No

3) At any time in your child’s life, did anyone break or ruin any of your child’s things on purpose?
   _ Yes
   _ No

4) Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in your child’s life, did anyone hit or attack your child on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
   _ Yes
   _ No

5) At any time in your child’s life, did anyone hit or attack your child without using an object or weapon?
   _ Yes
   _ No

6) At any time in your child’s life, did someone start to attack your child, but for some reason, it didn’t happen? For example, someone helped your child or your child got away?
   _ Yes
   _ No

7) At any time in your child’s life, did someone threaten to hurt your child when your child thought they might really do it?
   _ Yes
   _ No

8) At any time in your child’s life, did anyone try to kidnap your child?
   _ Yes
   _ No

9) At any time in your child’s life, has your child been hit or attacked because of your child’s skin color, religion, or where your family comes from? Because of a physical problem your child has? Or because someone said your child was gay?
   _ Yes
   _ No
Next, we are going to ask about grown-ups who take care of your child. This means parents, babysitters, adults who live with your child, or others who watch your child. Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that we can get a better idea of the kinds of things that kids your child’s age sometimes face.

10) Not including spanking on your child’s bottom, at any time in your child’s life, did a grown-up in your child’s life hit, beat, kick, or physically hurt your child in any way?
   _ Yes
   _ No

11) At any time in your child’s life, did your child get scared or feel really bad because grown-ups in your child’s life called your child names, said mean things to your child, or said they didn’t want your child?
   _ Yes
   _ No

12) When someone is neglected, it means that the grown-ups in their life didn’t take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in your child’s life, was your child neglected?
   _ Yes
   _ No

13) Sometimes a family fights over where a child should live. At any time in your child’s life, did a parent take, keep, or hide your child to stop your child from being with another parent?
   _ Yes
   _ No

14) Sometimes groups of kids or gangs attack people. At any time in your child’s life, did a group of kids or a gang hit, jump, or attack your child?
   _ Yes
   _ No

15) At any time in your child’s life, did any kid, even a brother or sister, hit your child? Somewhere like: at home, at school, out playing, in a store, or anywhere else?
   _ Yes
   _ No

16) At any time in your child’s life, did any kids try to hurt your child’s private parts on purpose by hitting or kicking your child there?
   _ Yes
   _ No

17) At any time in your child’s life, did any kids, even a brother or sister, pick on your child by chasing your child or grabbing your child or by making your child do something your child didn’t want to do?
   _ Yes
   _ No
18) At any time in your child’s life, did your child get scared or feel really bad because kids were calling your child names, saying mean things to your child, or saying they didn’t want your child around?
   _ Yes
   _ No

19) At any time in your child’s life, did a boyfriend or girlfriend or anyone your child went on a date with slap or hit your child?
   _ Yes
   _ No

20) At any time in your child’s life, did a grown-up your child knows touch your child’s private parts when they shouldn’t have or make your child touch their private parts? Or did a grown-up your child knows force your child to have sex?
   _ Yes
   _ No

21) At any time in your child’s life, did a grown-up your child did not know touch your child’s private parts when they shouldn’t have, make your child touch their private parts or force your child to have sex?
   _ Yes
   _ No

22) Now think about other kids, like from school, a boy friend or girl friend, or even a brother or sister. At any time in your child’s life, did another child or teen make your child do sexual things?
   _ Yes
   _ No

23) At any time in your child’s life, did anyone try to force your child to have sex; that is, sexual intercourse of any kind, even if it didn’t happen?
   _ Yes
   _ No

24) At any time in your child’s life, did anyone make your child look at their private parts by using force or surprise, or by “flashing” your child?
   _ Yes
   _ No

25) At any time in your child’s life, did anyone hurt your child’s feelings by saying or writing something sexual about your child or your child’s body?
   _ Yes
   _ No

26) At any time in your child’s life, did your child do sexual things with anyone 18 or older, even things your child both wanted?
   _ Yes
   _ No
27) At any time in your child’s life, did your child SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?
   _ Yes
   _ No

28) At any time in your child’s life, did your child SEE a parent hit, beat, kick, or physically hurt his or her brothers or sisters, not including a spanking on the bottom?
   _ Yes
   _ No

29) At any time in your child’s life, in real life, did your child SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
   _ Yes
   _ No

30) At any time in your child’s life, in real life, did your child SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?
   _ Yes
   _ No

31) At any time in your child’s life, did anyone steal some thing from your child’s house that belongs to your child’s family or someone your child lives with? Things like a TV, stereo, car, or anything else?
   _ Yes
   _ No

32) At any time in your child’s life, was anyone close to your child murdered, like a friend, neighbor or someone in your child’s family?
   _ Yes
   _ No

33) At any time in your child’s life, was your child in any place in real life where your child could see or hear people being shot, bombs going off, or street riots?
   _ Yes
   _ No

34) At any time in your child’s life, was your child in the middle of a war where your child could hear real fighting with guns or bombs?
   _ Yes
   _ No