

Positive Childhood Experiences

How often did you.....

Positive Family Relationships

1. Feel that your family stood by you in difficult times?
No ___ If Yes, enter 1 ___
2. You were able to talk to your family about your feelings?
No ___ If Yes, enter 1 ___
3. Was there an adult in your household who made you feel safe and protected?
No ___ If Yes, enter 1 ___
4. Did you enjoy participating in your community traditions?
No ___ If Yes, enter 1 ___

Positive Relationships Outside the Family

5. Feel supported by your friends?
No ___ If Yes, enter 1 ___
6. Feel that you belonged at your high school?
No ___ If Yes, enter 1 ___
7. There were at least two adults, other than your parents, who took a genuine interest in you?
No ___ If Yes, enter 1 ___