

1	Did you often feel that no one in your home really listened to you, understood you, or made you feel important?
2	Did you feel like you didn't have enough support, protection, or care from the adults around you?
3	Did you live with someone who struggled with alcohol or drug use?
4	Did you live with someone who was often depressed, mentally unwell, or who made you feel unsafe emotionally?
5	Did your parents or caregivers separate, divorce, or have a very unstable relationship?
6	Did you witness yelling, threats, or physical conflict between adults in your home?
7	Were you ever spoken to in a way that made you feel worthless, humiliated, or constantly criticized?
8	Were you ever physically hurt by a parent or adult in your home (for example: hit, pushed, or slapped in a way that left marks or fear)?
9	Did you experience unwanted or inappropriate sexual behavior from someone older than you?
10	Did you often feel afraid in your home environment?
✓	Scoring: Count the number of "Yes" answers