



## Life Event Screening Tool

Client Name: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date Case Opened: \_\_\_\_\_

DOB: \_\_\_\_\_

ACES Score: \_\_\_\_\_

Veteran: \_\_\_\_\_

Childhood DV: \_\_\_\_\_

War: \_\_\_\_\_

**Please answer Yes or No to experiencing any of the following life situations:**

Event	Yes	No
1. Have you ever lost a job due to layoffs or downsizing?		
2. Have you ever been involved in a motor vehicle accident?		
3. Have you ever experienced a natural disaster (i.e. flood, tornado, hurricane, earthquake)?		
4. Has your spouse or partner ever suffered from injury, illness, death?		
5. Have you ever been divorced?		
6. Have you been personally affected by violence within your community?		
7. Have you or someone close to you been to jail or prison?		
8. Has anyone ever made you feel unsafe?		
9. Has anyone ever made unwanted sexual advances at you?		
10. Have you personally ever experienced life-threatening illness or injury?		
11. Have you had a child experience injury or life-threatening illness?		
12. Have you or someone close you to experienced war?		
13. Have you ever caused serious harm or injury to another person?		
14. Have you ever been in danger of losing your home?		
15. Have you ever been in a disrespecting or distrusting relationship?		