

First Name: _____

Child's ID: _____

Rater: _____

Yale-Vermont Adversity in Childhood Scale (Y-VACS)

Hudziak, J.J. & Kaufman, J. (2014; updated 2020)

CHILD RATING

Instructions: I am going to ask you about a number of different stressful things that sometimes happen to children, and I want you to tell me if any ever happened to you, and if they happened more than one time. If these experiences did happen, I am also going to ask you how severe you think they were. I am going to start by asking you about natural disasters, community, and health-related experiences.

Frequency:
 0 = Never
 1 = One time
 2 = More than once

Severity:
 1 = Mild or Suspected
 2 = Moderate
 3 = Severe

Frequency	Natural Disasters, Community, and Health-Related Experiences	Severity
0 1 2	1. Were you ever in a really bad flood, tornado, hurricane, earthquake, or other natural disaster?	1 2 3
0 1 2	2. A serious fire?	1 2 3
0 1 2	3. War, armed conflict, or terrorism?	1 2 3
0 1 2	4. Were you ever involved in a car or other bad accident that resulted in serious injury or someone's death?	1 2 3
0 1 2	5. Did someone outside your immediate family that you loved pass away, like a grandparent or a close friend?	1 2 3
0 1 2	6. Did you ever require hospital care for a medical problem?	1 2 3
0 1 2	7. Have you witnessed or been a victim of community violence?	1 2 3
0 1 2	8. Have you been bullied?	1 2 3
0 1 2	9. Has a non-household, non-family member forced you to watch or do something sexual?	1 2 3
0 1 2	10. Did the COVID-19 pandemic negatively affect loved ones outside your immediate family and keep you from visiting them?	1 2 3

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Now I am going to ask you about different experiences related to you, your immediate family, and the people in your household.

Frequency	Family-Related Experiences	Severity
0 1 2	1. Are your parents separated or divorced, or have ever had no or limited contact with one or both of your parents for a period of time?	1 2 3
0 1 2	2. Have you seen or heard adults in the household having really bad fights?	1 2 3
0 1 2	3. . Has a parent or other adult in the household ever been arrested or incarcerated?	1 2 3
0 1 2	4. Have you ever lacked food, shelter, supervision, or routine or specialized medical care?	1 2 3
0 1 2	5. Has a parent or other adult in the household ever misused alcohol or drugs?	1 2 3
0 1 2	6. Has a parent or other household member attempted suicide or intentionally harmed him or her self?	1 2 3
0 1 2	7. Has an adult in the household ridiculed, rejected, or threatened you?	1 2 3
0 1 2	8. Has an adult in the household punched, pushed, choked, or thrown you?	1 2 3
0 1 2	9. Has a parent, other adult in the household, or other family member forced you to watch or do something sexual?	1 2 3
0 1 2	10. Did the COVID-19 pandemic negatively affect you and your immediate family?	1 2 3