

First Name: _____

Child's ID: _____

Rater: _____

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

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

PARENT RATING

Instructions: As much as we try to protect our children, bad things often happen to the ones we love. 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 your child, 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. Was your child ever exposed to floods, tornadoes, hurricanes, earthquakes, or other natural disasters?	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. Was your child ever involved in a car or other bad accident resulting in serious injury or someone's death?	1 2 3
0 1 2	5. Did someone outside the immediate family that your child loved pass away, like a grandparent or a close friend?	1 2 3
0 1 2	6. Did your child ever require hospital care for a medical problem?	1 2 3
0 1 2	7. Has your child witnessed community violence?	1 2 3
0 1 2	8. Has your child been bullied?	1 2 3
0 1 2	9. Has a non-household, non-family member forced your child 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 and your child from visiting them?	1 2 3

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

Frequency	Family-Related Experiences	Severity
0 1 2	1. Has your child experienced the death of a parent, or limited contact or separation from one or both parents for a period of time?	1 2 3
0 1 2	2. Has your child 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. Has your child 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 your child?	1 2 3
0 1 2	8. Has an adult in the household punched, pushed, choked, or thrown your child?	1 2 3
0 1 2	9. Has a parent, other adult in the household, or other family member forced your child to watch or do something sexual?	1 2 3
0 1 2	10. Did the COVID-19 pandemic negatively affect you, your child, and your immediate family?	1 2 3