Adverse Childhood Experiences (ACEs) Assessment

This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve your Treatment services.

The Center for Disease Control's Adverse Childhood Experience (ACEs) Study has identified 10 kinds of traumatic events that often occur in families that are "stressed out" by things like substance abuse, extreme poverty, mental illness, being homeless, or being moved around all the time. Having things like this happen in childhood can have a lasting effect on your physical and mental health. Take a look at the categories below. Exposure to one **type** (*not incident*) of ACE, qualifies as one point. An ACE Score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

INSTRUCTIONS: 1) Identify and list a few of your strengths – how did you survive? Some things about you that you really like? 2) Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in BEFORE THE AGE OF 10. Then enter your score (either zero or 1) for each type of trauma. Add your scores to get your Trauma Dose. 3) Complete the NOW column. 4) Then complete the HOW questions. You're encouraged to discuss your answers with a Counselor or Therapist.

1. STRENGTHS:										
How old are you now?	(Please circle)	6 – 12	13 – 18	19 - 25	26 - 35	36 - 45	46 - 55	56 – 6	55	66 +
2. ACEs	Did this ever happen to you as a child before you were 10 years old?								Score	3. NOW
Emotional Abuse				· ·			reaten you in a way	_		
	you think that you might be physically hurt? \square No \square YES If yes, enter $1 \rightarrow$ Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you									
Physical Abuse	had marks or wore is	niumad?					YES If yes, e	$nter 1 \rightarrow$		
Sexual Abuse	_				ou touch their body i		D MEG 76			
	Did anyone attempt	or actually have	oral, anal, or vagi	nal intercourse with	you?	□ NO	Or your family didn'	nter $I \rightarrow$		
Emotional Neglect										
Physical Neglect	Did you often or ve	rv often feel tha	t vou didn't have e	enough to eat had t	wear dirty clothes	and had no one to n	o VES <i>If yes, e</i> rotect you? Or your p	narents		
	were too drunk or hi	gh to take care of	of you or take you	to the doctor if you	needed it?		o \square YES If ves. e	enter $1 \rightarrow$		
Mother Treated	were too drunk or high to take care of you or take you to the doctor if you needed it? ☐ No ☐ YES If yes, enter 1 → Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often									
Violently	kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife or gun or other weapon?. \(\sigma\) No \(\sigma\) YES If yes, enter 1 \(\righta\)									
Household	As a child, did you ever live with anyone who was a problem drinker or alcoholic or									
Substance Abuse	lived with anyone who used street drugs? \square No \square YES If yes, enter $1 \rightarrow$						nter 1 →			
Household	Was a household member ever depressed; mentally ill or sent to a mental hospital?									
Mental Illness	Has a family member ever attempted suicide? \square No \square YES If yes, enter 1 \rightarrow									
Parental	As a child, were your parents ever separated (didn't live together) or divorced?									
Separation/Divorce					21.112	⊔No	YES If yes, e	nter 1 →		
Incarcerated	Did a household member ever go to prison, or was constantly in and out of jail? ☐ No ☐ YES If yes, enter 1 →									
Household Member										
							TOTAL ACE	SCORE		
3. NOW: Across each row that you marked, how often does this experience of childhood trauma bother you in your life <u>today?</u> 1 – Never or almost never 2 – Hardly Ever 3 – Some of the time 4 – Most of the time 5 – Always or almost always										
4. HOW: How has this trauma affected your life? Have you: Been admitted to residential substance abuse Treatment? \square No \square YES How many time										
Admitted to a mental hospital or Crisis Center? \square No \square YES How many times? Gone to jail for a week or more? \square No \square YES How many										es?
Attempted suicide? \square No \square YES How many times? Been admitted to the hospital or ER for accident or illness: \square No \square YES How many									y times?	

Reproduced by permission Acosta & Associates (rev. 6/2010, 2014 mgb)

Thank you for your courage and honesty in sharing your experience...if this is still troubling you, ask for help!