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 0 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 Therapist.**

1. STRENGTHS:

How old are you now? ○ 6-12 ○ 13-18 ○ 19-25 ○ 26-35 ○ 36-45 ○ 46-55 ○ 55-65 ○ 66+

2. ACEs	**Did this ever happen to you as a child before you were 10 years old?**	**SCORE**	**3. NOW**
Emotional Abuse	Did a parent or other adult in the household **often or very often**, swear at you, insult you, put you down **and/or** threaten you in a way that made you think that you might be physically hurt? ☐No ☐**YES If yes, enter 1 »**		
Physical Abuse	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 had marks or were injured? ☐No ☐**YES If yes, enter 1 »**		
Sexual Abuse	Did an adult or person at least 5 years older **ever** touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you? ☐No ☐**YES If yes, enter 1 »**		
Emotional Neglect	Did you **often or very often** feel that no one in your family loved you or thought you were important or special? **Or** your family didn't look out for each other, feel close to each other, or support each other? ☐No ☐**YES If yes, enter 1 »**		
Physical Neglect	Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** your parents 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 »**		
Mother Treated Violently	Was your mother or stepmother **often or very often** pushed, grabbed, slapped, or had something thrown at her? **Sometimes, often, or very often** kicked, bitten, hit with a fist or something hard? **Ever** threatened or hurt by a knife or gun or other weapons? ☐No ☐**YES If yes, enter 1 »**		
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs? ☐No ☐**YES If yes, enter 1 »**		
Household Mental Illness	Was a household member ever depressed; mentally ill, or sent to mental hospital? ☐No ☐**YES If yes, enter 1 »**		

Parental Separation/Divorce	As a child, were your parents **ever** separated (didn't live together) **or** divorced? ☐No ☐**YES If yes, enter 1 »**		
Incarcerated Household Member	Did a household member **ever** go to prison, **or** was constantly in and out of jail? ☐No ☐**YES If yes, enter 1 »**		
	Total ACE Score		

3. NOW: Across each row that you marked, how often does this experience of childhood trauma bother you in 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? ☐ No ☐ Yes How many times? ☐

Admitted to a mental hospital or Crisis Center? ☐ No ☐ Yes How many times? ☐

Gone to jail for a week or more? ☐ No ☐ Yes How many times? ☐

Attempted suicide? ☐ No ☐ Yes How many times?

Been admitted to the hospital or ER for accident or illness? ☐ No ☐ Yes How many times? ☐

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