

## Adverse Childhood Experiences (ACE) Assessment

Race/Ethnicity: Gender: Directions: <i>if adult</i> , please complete the following questions based on your experiences in childhood <i>prior</i> to <i>your 18<sup>th</sup></i> birthday. Circle yes or no for each prompt. <i>If a carefulle please</i> complete the following questions for your child based on your howhedge of their experiences. Circle yes on no for each prompt. a. Swear at you, insult you, put you down, or humiliate you? YES or NO b. Act in a way that made you afraid that you might be physically hurt? YES or NO c. Ever hit you so band that you had marks or were injured? YES or NO b. Ever hit you so hard that you adom arks or were injured? YES or NO c. Ever hit you so hard that you atou their body in a sexual way? YES or NO c. Touch of fondle you or how you touch their body in a sexual way? YES or NO c. Did a parent or other adult in the household often or very often a. Push, grab, siap, or throw something at you? YES or NO c. Ever hit you so hard that you adom arks or were injured? YES or NO c. Touch of fondle you or how you touch their body in a sexual way? YES or NO c. Touch of not reey often feel that a. No one in your family loved you or thought that you were important or special? YES or NO b. Your family didn't look out for each other, feel close to each other, or support each other? YES or NO b. Your parents were to drunk or high to take care of you or take you to the doctor if you needed it? YES or NO c. Was a biological parent ever lost to you through divarce, abandonment, or other reason? YES or NO c. Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? YES or NO c. Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? YES or NO c. Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? YES or NO c. Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? YES or NO c. Ever repeatedly hit over at least a few minutes or threatened with a gun or kni	Patient	Name: _							DOB:	
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YES or NO TOTAL ACE SCORE	10.	Did a he	ousehold membe							
				YES	or	NO			TOTAL ACE SCORE	

Staff Only: Scoring instructions: If "yes" is marked at all for a question, then assign a 1 as score for that question. If only "no"s are marked, then that question is scored as 0. Add all individual scores for total ACE score.