

## Adverse Childhood Experiences (ACEs) Survey – Parent/Caregiver

For use with parent/caregiver of a child/youth age 17 years and under if needed

Stressful life events can affect a child's health and wellbeing. The ACEs survey can help in the following ways:

- Screen for stressful life events
- Gain guidance from your healthcare providers
- Support the needs of your child

The most important thing to remember is the ACEs score is just a guide.

Write a "1" next to the "yes" items and write the total number of yes responses at the end. What you share is your choice, we only need the total number.

### *At any point since your child's birth:*

Were your child's parents separated, divorced, or not living together? No\_\_\_ Yes\_\_\_

Did your child ever live with anyone who went to prison, jail or other correctional facility? No\_\_\_ Yes\_\_\_

Did your child ever live with anyone who was depressed, mentally ill or suicidal? No\_\_\_ Yes\_\_\_

Has your child ever witnessed adults in the home hitting, slapping, kicking **or** physically threatening each other?  
No\_\_\_ Yes\_\_\_

Did your child ever live with anyone who acted in a way that made your child feel afraid? No\_\_\_ Yes\_\_\_

Has your child ever been touched, or asked to touch, an adult or someone at least 5 years older sexually?  
No\_\_\_ Yes\_\_\_

Did your child ever not have enough to eat, had to wear dirty clothes, and had no one to protect, take care of, or take your child to the doctor if needed?  
No\_\_\_ Yes\_\_\_

Has your child ever lived with a parent or other adult who often hit, slapped or kicked the child?  
No\_\_\_ Yes\_\_\_

Did your child ever live with anyone who had a problem with drugs or alcohol? No\_\_\_ Yes\_\_\_

Has your child felt unsupported, unloved, not protected or not special? No\_\_\_ Yes\_\_\_

Add up your "Yes" answers: \_\_\_\_\_. This is your child's ACEs Score.