

Adverse Childhood Experiences (ACEs) Survey – Youth

For use with youth age 11 years and older

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.

| While you were growing up, during your first 18 years of life | | |
|---|-------|----------------------------|
| Were your parents separated, divorced, or not living together? | No | _Yes |
| Has your parent or anyone you ever lived with gone to prison, jail or other correctional f | | Yes |
| Did you ever live with anyone who was depressed, mentally ill or suicidal? | No | _Yes |
| Did a parent or other adult ever hit you so hard that you had marks or were injured? | No | _Yes |
| Did you ever live with anyone who acted in a way that made you feel afraid? | No | _Yes |
| Have you ever been touched, or asked to touch, an adult or someone at least 5 years old | | ually? _ Yes |
| Did you ever not have enough to eat, had to wear dirty clothes, and had no one to prote or take you to the doctor if you needed? | | take care of you, _ Yes |
| Have you ever witnessed adults in the home hitting, slapping, kicking or physical threate | | ch other? _ Yes |
| Do you spend time with anyone who uses drugs or drinks too much alcohol? | No | _Yes |
| Do you feel that no one in your family loves you or thinks that you are important or spec | cial? | |

No___Yes_

Add up your "Yes" answers: _____. This is your ACE Score.