

PPH: Readiness. Recognition. Response

Adverse Childhood Experiences (ACEs) Questionnaire

Purpose:

Provide initial & ongoing assessment of risk for physical and mental health problems related to Adverse Childhood Experiences (ACEs)

When/how to use:

Use as part of prenatal screening and at any time during pregnancy, birth process and infancy if patient or family condition changes

Who to use:

Intake provider, nurse or social worker with referrals as needed. **Note:** Successful referrals require an awareness of available resources.

Community collaboration and ongoing resource assessment is an integral part of referral process

Note: The questions are to be completed by the individual seeking healthcare and without the assistance of staff, except with regard to vision or literacy concerns. The individual should be requested to answer "yes" or "no" to each question, and to score 1 point for each "yes" answer. These points will be tallied to determine the ACE Score. More information regarding ACEs is available at: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often: Swear at you, insult you, put you down or humiliate you?
- OR -
Act in a way that made you afraid that you might be physically hurt?
Yes No **If Yes, enter 1** _____
2. Did a parent or other adult in the household often: Push, grab, slap or throw something at you?
- OR -
Ever hit you so hard that you had marks or were injured?
Yes No **If Yes, enter 1** _____
3. Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way?
- OR -
Attempt or actually have oral, anal or vaginal intercourse with you?
Yes No **If Yes, enter 1** _____
4. Did you 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?
Yes No **If Yes, enter 1** _____
5. Did you 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?
Yes No **If Yes, enter 1** _____
6. Were your parents ever separated or divorced?
Yes No **If Yes, enter 1** _____
7. Were any of your parents or other adult caregivers: Often pushed, grabbed, slapped or had something thrown at them?
- OR -
Sometimes or often kicked, bitten, hit with a fist or hit with something hard?
- OR -
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No **If Yes, enter 1** _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No **If Yes, enter 1** _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No **If Yes, enter 1** _____
10. Did a household member go to prison?
Yes No **If Yes, enter 1** _____

ACE SCORE (Total "Yes" Answers): _____

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