

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Your Name: _____

Relationship to Child: _____

ACE Questionnaire- Caregiver Version

Many individuals experience stressful life events that can affect their health and wellbeing. It is important for your child's doctor to gather history on your own childhood experiences as this provides valuable information for your child's development.

We understand that this is sensitive information and ask you to answer honestly. This information will be kept confidential and only viewed by your child's provider.

Please count the number of statements that **apply to you** in reference to your own childhood experiences:

- Your parents or guardians were separated or divorced.
- You lived with a household member who served time in jail or prison.
- You lived with a household member who was depressed, mentally ill or attempted suicide.
- You saw or heard household members hurt or threaten to hurt each other.
- A household member swore at, insulted, humiliated or put down you or someone in your home OR a household member acted in a way that made you feel afraid you might be physically hurt.
- Someone touched your private parts OR asked you to touch their private parts in a sexual way.
- More than once, you went without food, clothing, a place to live, or had no one to protect you.
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks.
- You lived with someone who had a problem with drinking or using drugs.
- You often felt unsupported, unloved and/or unprotected.

Total #: _____