



ACE QUESTIONNAIRE - Patient Version

Today's Date:	_____	
Child's Name:	_____	DOB: _____
Your Name:	_____	
Relationship to Child:	_____	

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance.

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 read the statements below and count the number of statements that **apply to your child**.

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

TOTAL NUMBER THAT APPLY: _____
