



ACE Survey

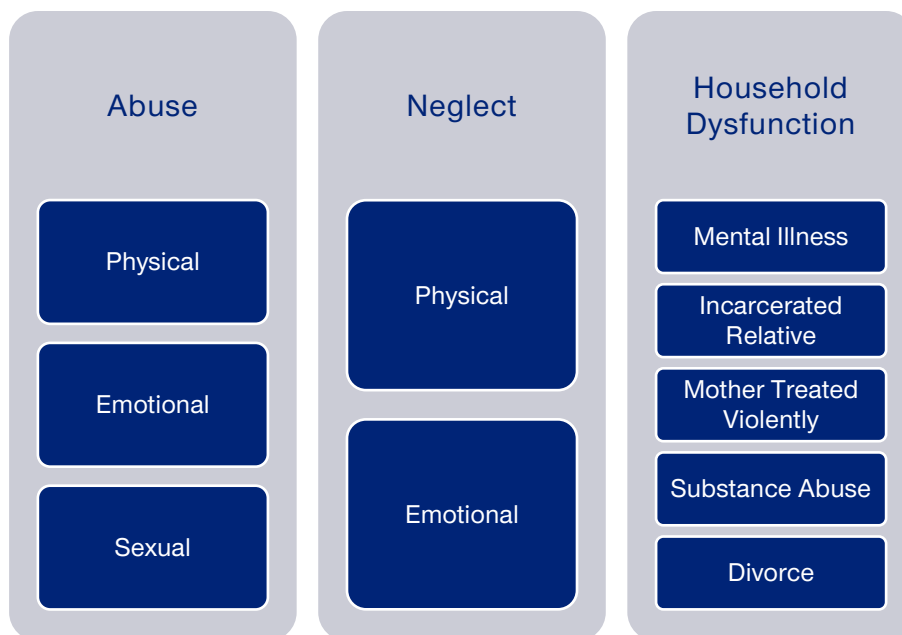
Fact Sheet

What is the ACE Survey?

The Adverse Childhood Experiences (ACE) survey is a set of 10 questions that determines the number of adverse childhood experiences (ACEs) that are part of your personal history. The number of ACEs you have is known as your ACE Score. The ACE survey is designed to help us understand your life experience and be aware these may be risk factors for other health or social conditions in your life. This gives us more insight into your life and what challenges you have encountered. This does not diagnose you with post-traumatic stress disorder (PTSD) or other behavioral health condition.

It is important to recognize that an ACE Score is simply a number. And, while a higher number may be connected to higher risk for other health and social conditions, it does not predict or cause them.

Your ACE score is simply a count of the number of experiences you have had – it does not account for other resiliency in your life.



Source: Centers for Disease Control and Prevention, 2018,
https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html

What can I expect from my care team?

- Regardless of your ACE score OR whether you decline to complete the survey, you can expect our team to show you support and explain the connection between childhood experiences and the impact on your health.
- It does not have to be completed in one sitting. If you don't want to answer any of them just say pass or 'I'd like to stop now'.
- You can expect the team to provide trauma-informed care which recognizes significant rates of trauma individuals experience in their lives. We will encourage the mindset of "what happened to you" vs. "what's wrong with you."
- We are so sorry this happened to you.
- While our team can't change what happened to you, we are grateful to have this information as we work together. And again, regardless of the number, we will always highlight your strength and resilience.



ACE Survey

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
Try to or actually have oral, anal, or vaginal sex 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. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
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 _____

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