

Modified A C Es Survey

Adverse Childhood Experiences

For Youth in Education or Non Profit Organizations

Please answer each question with a Yes or No

Do you have children of your own?

Do you now have, or have you had, a probation officer?

Do you now have, or have you ever had, an IEP or case manager?

Prior to your 18 birthday, did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or act in a way at made you afraid that you might be physically hurt?

Prior to your 18 birthday, Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard at you had marks or were injured?

Prior to your 18 birthday, 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?

Prior to your 18 birthday, did you often or very 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?

Prior to your 18 birthday, did you often or very 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?

Prior to your 18 birthday, was a biological parent ever lost to you through divorce, abandonment, death, prison, or other reason?

Prior to your 18 birthday, was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? or sometimes, often, or very 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?

Prior to your 18 birthday, did you live with anyone who was or is a problem drinker or alcoholic, or who used or still uses street drugs?

Prior to your 18 birthday was a household member depressed or mentally ill, or did a household member attempt suicide?

Prior to your 18 birthday, did a household member go to prison?

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Prior to your 18 birthday, have you seen or witnessed multiple acts of violence at your home, in your community, or other locations?

Prior to your 18 birthday, have you or your family moved more than five times?

Do you worry about you or your family having enough money to purchase food, keep your lights on, or having a place to live?

Have you on your own, or has your family, ever been homeless?

Have you ever been kicked out of your home, forced to leave the place you were staying, or runaway from home?

Have you ever wanted to kill yourself or have you attempted suicide?

Have you ever been to see a therapist, counselor, or mental heal treatment provider?

Have you ever been diagnosed with a mental health condition (i.e. anxiety, depression, bipolar, manic-depressive, borderline personality disorder, PTSD, etc.)?

Do you worry that you may have an undiagnosed mental health condition, based on family history or how you feel sometimes?

Have you ever used marijuana, or do you currently use marijuana?

Have you ever used other street drugs i.e. meth, heroin, crack, molly, ecstasy, etc., or do you use over the counter drugs or prescription drugs to become high?

Have you worried that your substance use is interfering your ability to do the things you want to do or should do?

Add up all of the yes answers, assigning 1 point per yes.

Total Score