



**Module 3** The Journey to Becoming a Trauma Competent Caregiver

Participant Handout 4

ACE Survey

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When you were growing up, during the first 18 years of life:

<p><b>1</b> Did a parent or other adult in the household <i>often or very often</i>: Swear at you, insult you, put you down or humiliate you? <b>- or -</b> Act in a way that made you afraid that you might be physically hurt?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>2</b> Did a parent or other adult in the household: <i>Often or very often</i> push, grab, slap or throw something at you? <b>- or -</b> Ever hit you so hard that you had marks or were injured?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>3</b> 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? <b>- or -</b> Attempt or actually have oral, anal, or vaginal intercourse with you?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>4</b> Did you <i>often or very often</i> feel that: No one in your family loved you or thought you were important or special? <b>- or -</b> Your family didn't look out for, feel close to, or support each other?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>5</b> Did you <i>often or very often</i> feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? <b>- or -</b> Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>6</b> Were your parents ever separated or divorced?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>7</b> Was your mother or stepmother: <i>Often or very often</i> pushed, grabbed, slapped or had something thrown at her? <b>- or -</b> <i>Sometimes, often, or very often</i> kicked, bitten, hit with a fist or hit with something hard? <b>- or -</b> Ever repeatedly hit at least a few minutes or threatened with a gun or knife?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>8</b> Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>9</b> Was a household member depressed or mentally ill, or did a household member attempt suicide?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p><b>10</b> Did a household member go to prison?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter 1: _____</p>
<p style="text-align: right;">ACE Score = Total: _____</p>	

