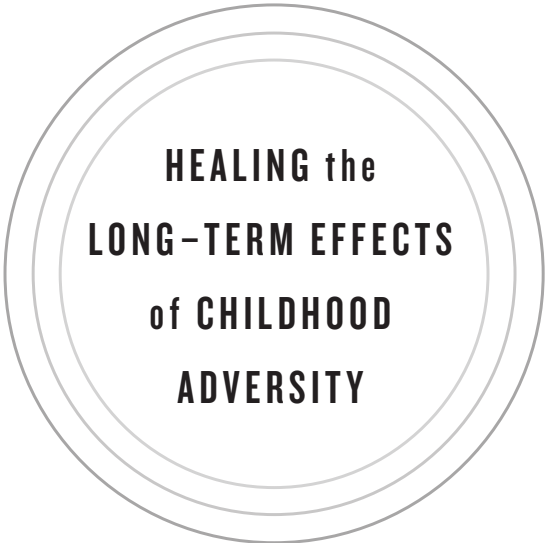


the
deepest well



**HEALING the
LONG-TERM EFFECTS
of CHILDHOOD
ADVERSITY**

NADINE BURKE HARRIS, M.D.

Appendix 1

WHAT'S MY ACE SCORE?

Prior to your eighteenth birthday:

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 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 five 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?
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.

Appendix 2

CYW ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE (ACE-Q) CHILD

To Be Completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Your Name: _____ Relationship to Child: _____

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

Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born . . .

- 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 in a way that scared your child, OR a household member acted in a way that made your child afraid that she or 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, or a place to live, or had no one to protect her or him.
- 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, or unprotected.

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born . . .

- Your child was in foster care.
- Your child experienced harassment or bullying at school.
- Your child lived with a parent or guardian who died.
- Your child was separated from her or his primary caregiver through deportation or immigration.
- Your child had a serious medical procedure or life-threatening illness.
- Your child often saw or heard violence in the neighborhood or in her or his school neighborhood.
- Your child was often treated badly because of race, sexual orientation, place of birth, disability, or religion.