



## ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

DATE:

VOLUNTEER:

CASE NUMBER:

CHILD:

AGE:

QUESTION		SCORE <small>NO = 0 YES = 1</small>
1.	Has a member of the child's household been incarcerated?	
2.	Have the child's parents/guardians/caregivers been separated or divorced?	
3.	Has a household member had long-term depression, mental illness or ever attempted suicide?	
4.	Has the child lived with anyone who misuses alcohol or drugs?	
5.	Has the child <i>often</i> experienced either lack of food, shelter, protection, medical care or general neglect?	
6.	Are the child's household members unsupportive, unprotective or unloving of the child or each other?	
7.	Did a household member <i>often</i> swear at, insult, humiliate or put down the child? OR act in a way that made the child afraid they may be physically hurt?	
8.	Did a household member <i>often</i> push, grab, slap, or throw something at the child OR ever hit them so hard that the child was injured or marked?	
9.	Has the child witnessed domestic violence between family members, that may include violent threats or physical assault?	
10.	Has anyone <i>ever</i> had sexual contact with the child?	
<b>TOTAL</b>		