

# CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report

## To be completed by Patient

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Many children experience stressful life events that can affect their health and development. The results from this questionnaire will assist your doctor in assessing your health and determining guidance.** Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided.

**Please DO NOT mark or indicate which specific statements apply to you.**

**1) Of the statements in section 1, HOW MANY apply to you? Write the total number in the box.**

### Section 1. At any point since you were born...

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

**2) Of the statements in section 2, HOW MANY apply to you? Write the total number in the box.**

### Section 2. At any point since you were born...

- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical procedure or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)