# 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 wellbeing. The results from this questionnaire will assist in assessing your child’s need for EHS services.*** *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 s/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, a place to live, or had no one to protect her/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 and/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/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/his school neighborhood
* Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

***This form is not required to complete waitlist process however it can affect your priority on the waitlist if completed.***

CYW ACE-Q Child (0-12 yo) © Center for Youth Wellness 2015