

# ADVERSE CHILDHOOD EXPERIENCES

Negative experiences from childhood , can significantly impact our health and overall well-being. It's not uncommon to face challenging experiences during childhood. Please indicate if you've encountered any of the experiences listed below, as they could be influencing your health presently or might impact it in the future. This data will aid you and your mental health provider in collaboratively determining how best to support your health and well-being.

***\*The following information has been adapted from resources provided by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). However, it is important to note that the content presented here is for informational purposes only and is not intended to diagnose, treat, or cure any medical condition. It is highly recommended to seek guidance and assistance from a qualified healthcare professional for personalized diagnosis and treatment.***

Instructions: Here's a list of 10 categories of Adverse Childhood Experiences (ACEs). Indicate with a checkmark any ACE category you encountered before turning 18.

## QUESTIONS:

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Did you feel that no one in your family loved you or thought you were special?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | 3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | Did a parent or adult in your home ever swear at you, insult you, or put you down?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. | Did you lose a parent through divorce, abandonment, death, or other reason?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10 | Did you live with anyone who went to jail or prison?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |