

## Adverse Childhood Experiences (ACE) Child

To be completed by Parent/Caregiver

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Stressful life events that are experienced by child can have a significant impact on their emotional, mental, and physical well-being. The questions below will allow the staff at Mending Arrow Ranch assess these stresses to provide the best care for your child. **Please check yes / no for each question that applies to your child at any time in his / her life:**

	Yes	No
1. Your child's parents or guardians were separated or divorced		
2. Your child lived with someone who served time in jail or prison		
3. Your child lived with someone who is / was depressed or mentally ill		
4. Your child lived with someone who attempted suicide		
5. Your child saw or heard household members hurt or threaten to hurt each other		
6. Your child lived with someone who swore at, insulted, humiliated, or put down your child in a way that scared him / her		
7. Your child lived with someone who acted in a way that made your teen feel that he / she may be physically harmed		
8. Someone touched your child's private parts or asked them to touch that person's private parts in a sexual way that was unwanted, against his / her will, or made him / her feel uncomfortable		
9. Your child more than once went without food, clothing, a place to live, or had no one to protect or care for him / her		
10. Your child has had someone push, grab, slap, or throw something at him / her OR had physical injury from being hit		
11. Your child lived with someone who had a problem with drinking or using drugs		
12. Your child often felt unsupported, unloved, and / or unprotected		
13. Your child was in foster care		
14. Your child experienced harrassment / bullying at school		
15. Your child lived with a parent or guardian who died		
16. Your child was separated from his / her primary caregiver through deportation or immigration		
17. Your child had a serious medical procedure or life-threatening illness		
18. Your child often saw or heard violence in the neighborhood or in his / her school neighborhood		
19. Your child was often treated badly because of race, sexual orientation, place of birth, disability, or religion		
20. Your child has lived with someone who had a learning disability and/or mental disorder		

