

Adverse Childhood Experiences (ACE) Teens

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Your Name: _____ Relationship to Teen: _____

Stressful life events that are experienced by teens 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 teen. **Please check yes / no for each question that applies to your teen at any time in his / her life:**

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

