

## Calculating a Child-ACE Score Using Questions on the Whole Child Assessment (version 2)

At the end of each Whole Child Assessment form is a box that indicates “Clinic use only.” Within this box are numbers referring to questions used to evaluate ACEs. For example, here is the box at the end of the form for age 4-5 years old:

<i><b>Clinic Use Only:</b> circle each question with a positive response, sum number of circled questions</i>											
Child-ACE Exposures:	25	27	28	29	30	35	39	45	46	48	$\Sigma =$
Child-ACE Risks:	1	24	26	36A	36B	38					$\Sigma =$
Child-ACE Total											$\Sigma =$

The first row of questions are about exposures to Child-ACEs. The **Child-ACE Exposures score** is the sum of positive responses to the first row of questions. The second row of questions are about risk of Child-ACEs. The sum of positive responses to questions about exposures and risks provides the **Child-ACE Total score**. For reference, a summary of the Child-ACE questions on the Whole Child Assessment and what counts as a positive response is included below.

Ages	Category	Questions	+ Responses
0-11	Risk	Person completing form	NOT biological parent
<b>RELATIONSHIPS</b>			
0-11	Risk	Do you feel your child is difficult to take care of?	Sometimes or Often
1-11	Exposure	Do you find you need to shout or yell at your child?	Sometimes or Often
12-20	Exposure	Did you <b>ever</b> live with anyone who acted in a way that made you feel afraid?	Unsure or Yes
1-11	Risk	Do you find you need to hit or spank your child?	Sometimes or Often
0-20	Exposure	Does your family look out for each other, feel close to each other, and support each other?	Sometimes or Never
12-20	Exposure	Do you feel that your family loves you or thinks that you are important or special?	Sometimes or Never
18-20	Exposure	Before age 18, did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you?	Unsure or Yes
0-11	Exposure	Are your child's parents separated, divorced, or not living together?	Unsure or Yes
12-20	Exposure	Are your parents separated, divorced, or not living together?	Unsure or Yes
0-11	Exposure	Did a parent or household member get arrested, deported, go to prison, jail, or another correctional facility during your child's lifetime?	Unsure or Yes
12-20	Exposure	Has your parent or anyone you ever lived with been arrested, deported, gone to prison, jail, or another correctional facility?	Unsure or Yes
2-11	Exposure	Do you know or are you concerned that anyone touched your child, or forced your child to touch that person, in a sexual way?	Unsure or Yes
12-17	Exposure	Has anyone ever touched you in a way that was unwanted, or forced you to touch that person in a sexual way?	Unsure or Yes
18-20	Exposure	Before age 18, did anyone touch you in a way that was unwanted, or forced you to touch that person in a sexual way?	Unsure or Yes
<b>MENTAL HEALTH</b>			
0-11	Exposure	Was a parent or household member <b>ever</b> depressed, mentally ill, <b>OR</b> suicidal?	Unsure or Yes
12-20	Exposure	Was your parent or anyone you ever lived with depressed, mentally ill, <b>OR</b> suicidal?	Unsure or Yes
0-11	Risk	Mental Health A: Over the past 2 weeks how often have you been bothered by little interest...feeling down...?	1 or more
0-11	Risk	Mental Health B: Over the past 2 weeks how often have you been bothered by feeling nervous...not being able to stop or control worrying...?	1 or more
<b>SUBSTANCES</b>			
0-11	Risk	In the past year, how many times have <b>you</b> had 4 or more drinks containing alcohol <b>in one day</b> ?	1 or more
0-11	Exposure	Did a parent or household member <b>ever</b> have a problem with drugs <b>OR</b> alcohol?	Unsure or Yes
12-20	Exposure	Did your parent or anyone you ever lived with have a problem with drugs <b>OR</b> alcohol?	Unsure or Yes
<b>SAFETY</b>			
0-3	Exposure	Has your child ever seen or heard adults in the home pushing, hitting, kicking, <b>OR</b> physically threatening each other?	Unsure or Yes
4-11	Exposure	Has your child (as a baby or when older) <b>ever</b> seen or heard adults in the home pushing, hitting, kicking, <b>OR</b> physically threatening each other?	Unsure or Yes
12-20	Exposure	Have you <b>ever</b> seen or heard adults in the home pushing, hitting, kicking, <b>OR</b> physically threatening each other?	Unsure or Yes
1-11	Exposure	Has your child <b>ever</b> lived with a parent or other adult who physically hurt the child in anger?	Unsure or Yes
12-20	Exposure	Did you ever live with anyone who physically hurt you in anger?	Unsure or Yes
0-17	Exposure	On average, how difficult was it for your family to meet expenses for basic needs like food, clothing, and housing in the <b>last year</b> ?	Fairly or Very