



Client Information

<i>Client Name</i>	Generic Client
<i>Date of birth (age)</i>	8 February 2001 (21)

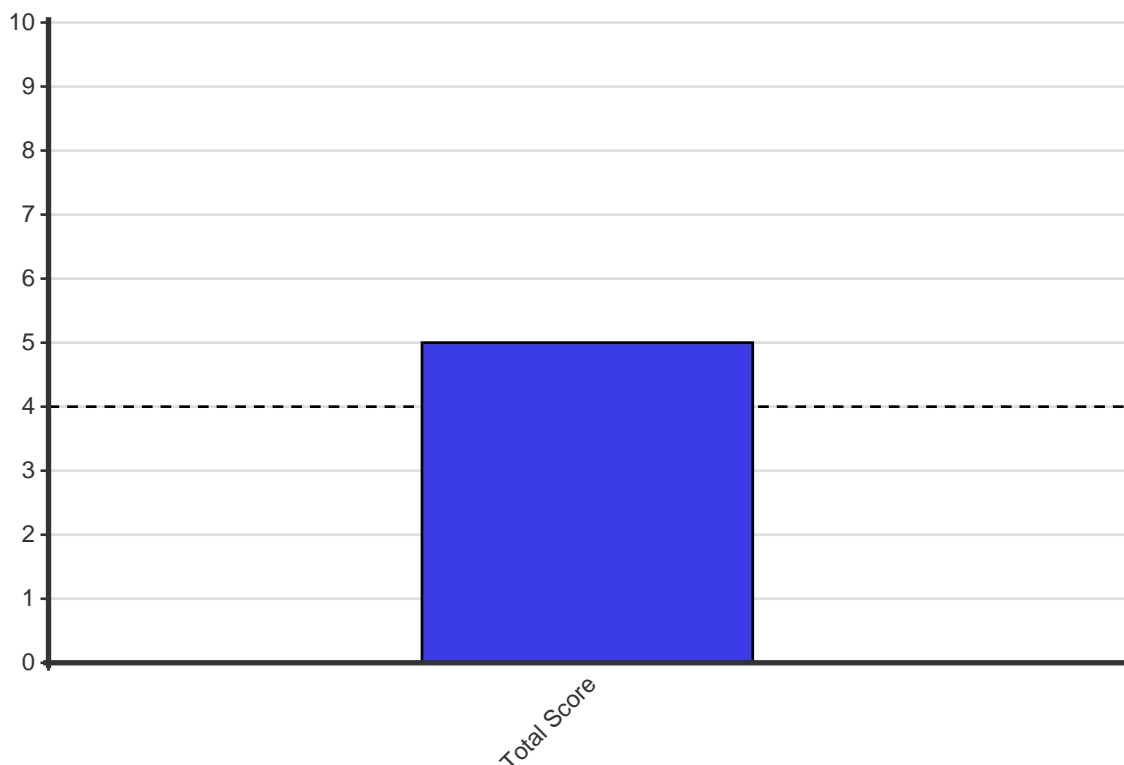
Assessment Information

<i>Assessment</i>	Adverse Childhood Experiences Questionnaire (ACE-Q)
<i>Date administered</i>	13 May 2022
<i>Assessor</i>	Dr David Hegarty
<i>Time taken</i>	0 minutes 9 seconds

Results

		Total Score (0-10)
	Adverse Childhood Experiences	5

Adverse Childhood Experiences



Scoring and Interpretation Information

A response of Yes for each question is summed to provide an overall ACE-Q score (out of 10). The higher the score, the more adverse childhood experiences the client has had and the higher the risk for social, mental, or other wellbeing problems. The majority of all adults (52%–75%) score one or higher on the ACE-Q (CDC,



Client Name	Generic Client
--------------------	----------------

Scoring and Interpretation Information (cont.)

2010; Edwards et al., 2007; Ford et al., 2011; Ramiro et al., 2010; Rothman, Bernstein, & Strunin, 2010).

Scores of 4 or more are considered clinically significant. A minority (5%–10%) of the general population score 4 or more, where the general long-term health consequences become most pronounced (Hughes et al., 2017).

Compared with people who have an ACE-Q score of 0, people with an ACE-Q score of 4 are twice as likely to be smokers, 5 times more likely to have depression, 7 times more likely to be alcoholic, 10 times more likely to take illicit drugs, and 12 times more likely to attempt suicide.

Client Responses

		No	Yes
1	Did a parent or other adult in the household often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	0	1
2	Did a parent or other adult in the household often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	0	1
3	Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?	0	1
4	Did you often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	0	1
5	Did you often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	0	1
6	Were your parents ever separated or divorced?	0	1
7	Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	0	1
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	0	1
9	Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
10	Did a household member go to prison?	0	1