



You may use this printable version of the ACEs to record responses during your face-to-face assessment with the member. To score the ACEs, you **must** fill in your responses into the ACEs scoring tool found on the Magellan of Virginia website. Please attach the completed ACEs scoring tool to your IACCT assessment (90889) submission.

Item #	C-ACEs only Ages 1-11	Response Choices		
1	<b>In the past year</b> , did you worry that your food would run out before you got money or Food Stamps to buy more?	Never	Sometimes	Often
2	<b>In the past year</b> , have you felt afraid of your partner?	No	No Partner	Yes
3	<b>In the past year</b> , have you thought of getting a court order for protection?	No	No Partner	Yes
4	Has your child <b>ever</b> witnessed adults in the home hitting, slapping, kicking or physically threatening each other?	No	Unsure	Yes
5	Has your child <b>ever</b> lived with a parent or other adult who often hit, slapped or kicked the child?	No	Unsure	Yes
6	Has your child <b>ever</b> lived away from home for more than a month?	No	Unsure	Yes
7	Do you feel your child is difficult to take care of?	Never	Sometimes	Often
8	Do you swear at or insult your child?	Never	Sometimes	Often
9	Do you need to hit/spank your child?	Never	Sometimes	Often
10	Are you currently living with a spouse or partner?	Yes	Unsure	No

11	Are your child's parents separated, divorced, or not living together?	No	Unsure	Yes	
12	Did your child <b>ever</b> live with anyone who went to prison, jail or other correctional facility?	No	Unsure	Yes	
13	Do you have friends or family who help take care of your child?	Often	Sometimes	Never	
14	Does your family look out for each other, feel close to each other and support each other?	Often	Sometimes	Never	
15	Over the past 2 weeks, how often have you been bothered by any of the following problems?				
	A1. Little interest or pleasure in doing things	Not at all	Several Days	More than half the days	Nearly every day
	A2. Feeling down, depressed, or hopeless	Not at all	Several Days	More than half the days	Nearly every day
	B1. Feeling nervous, anxious or on edge	Not at all	Several Days	More than half the days	Nearly every day
	B2. Not being able to stop or control worrying	Not at all	Several Days	More than half the days	Nearly every day
16	Did your child <b>ever</b> live with anyone who was depressed, mentally ill or suicidal?	No	Unsure	Yes	
17	On any single occasion, during the past three months, have you had <b>more than 4 drinks</b> containing alcohol?	No	Unsure	Yes	
18	Does your child spend time with anyone who uses drugs or drinks too much alcohol?	No	Unsure	Yes	
19	Did your child <b>ever</b> live with anyone who had a problem with drugs or alcohol?	No	Unsure	Yes	

20	Has your child ever been touched, or asked to touch, an adult or someone at least 5 years older sexually?	No	Unsure	Yes
21	Do you have a high school degree?	Yes	Unsure	No