

**Whole Child Assessment (C-ACEs only): Ages 0-11 Months**

*Clinic Use Only:*

1	<b>In the past month</b> , did you run out of formula for your baby?	No	Breastfed	Yes	Nutrition	
2	<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		
3	<b>In the past year</b> , have you felt afraid of your partner?	No	No partner	Yes	Safety	
4	<b>In the past year</b> , have you thought of getting a court order for protection?	No	No partner	Yes		
5	Has your baby <b>ever</b> witnessed adults in the home hitting, slapping, kicking or physically threatening each other?	No	Unsure	Yes		
6	Has your baby <b>ever</b> lived away from home for more than a month?	No	Unsure	Yes		
7	Do you feel your baby is difficult to take care of?	Never	Sometimes	Often	Parenting Stress	
8	Are you currently living with a spouse or partner?	Yes	Unsure	No		
9	Are your baby's parents separated, divorced, or not living together?	No	Unsure	Yes		
10	Did your baby <b>ever</b> live with anyone who went to prison, jail or other correctional facility?	No	Unsure	Yes		
11	Do you have friends or family who help take care of your baby?	Often	Sometimes	Never		
12	Does your family look out for each other, feel close to each other and support each other?	Often	Sometimes	Never		
13	Over the past <b>2 weeks</b> , how often have you been bothered by any of the following problems? A1. Little interest or pleasure in doing things A2. Feeling down, depressed, or hopeless B1. Feeling nervous, anxious or on edge B2. Not being able to stop or control worrying	Not at all	Several days	More than half the days	Nearly every day	Mental Health  Total Part A:  Total Part B:
		0	1	2	3	
		0	1	2	3	
		0	1	2	3	
14	Did your baby <b>ever</b> live with anyone who was depressed, mentally ill or suicidal?	No	Unsure	Yes		
15	On any single occasion, during the past three months, have you had <b>more than 4 drinks</b> containing alcohol?	No	Unsure	Yes	Substance Use	
16	Does your baby spend time with anyone who uses drugs or drinks too much alcohol?	No	Unsure	Yes		
17	Did your baby <b>ever</b> live with anyone who had a problem with drugs or alcohol?	No	Unsure	Yes		
18	Do you have a high school degree?	Yes	Unsure	No	Other	

**Whole Child Assessment (C-ACEs only): Ages 1-11 Years**

*Clinic Use Only:*

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	Nutrition	
2	<b>In the past year</b> , have you felt afraid of your partner?	No	No partner	Yes	Safety	
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	Parenting Stress	
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	Mental Health	
15	Over the past <b>2 weeks</b> , how often have you been bothered by any of the following problems? A1. Little interest or pleasure in doing things A2. Feeling down, depressed, or hopeless B1. Feeling nervous, anxious or on edge B2. Not being able to stop or control worrying	Not at all 0 0 0 0	Several days 1 1 1 1	More than half the days 2 2 2 2		Nearly every day 3 3 3 3
Total Part A:						
Total Part B:						
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	Substance Use	
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 <b>ever</b> been touched, or asked to touch, an adult or someone at least 5 years older sexually?	No	Unsure	Yes	Sexual Issues	
21	Do you have a high school degree?	Yes	Unsure	No	Other	

**Whole Child Assessment (C-ACEs only): Ages 12-17 Years**

*Clinic Use Only:*

1	<b>In the past year</b> , did you or your family worry that your food would run out before you got money or Food Stamps to buy more?	Never	Sometimes	Often	Nutrition
2	<b>In the past year</b> , have you felt afraid of someone you were dating?	No	Not dating	Yes	Safety
3	Have you <b>ever</b> witnessed adults in the home hitting, slapping, kicking or physical threatening each other?	No	Unsure	Yes	
4	Did you <b>ever</b> live with anyone who <u>often</u> shouted or yelled at you?	No	Unsure	Yes	
5	Did you <b>ever</b> live with anyone who acted in a way that made you feel afraid?	No	Unsure	Yes	
6	Did a parent or other adult <b>ever</b> hit you so hard that you had marks or were injured?	No	Unsure	Yes	
7	Have you <b>ever</b> lived away from home for more than a month?	No	Unsure	Yes	Stress
8	Are your parents separated, divorced, or not living together?	No	Unsure	Yes	
9	Has your parent or anyone you <b>ever</b> lived with went to prison, jail or other correctional facility?	No	Unsure	Yes	
10	Do you feel that <b>no one</b> in your family loves you or thinks that you are important or special?	Never	Sometimes	Often	
11	Does your family look out for each other, feel close to each other and support each other?	Often	Sometimes	Never	
12	Did you <b>ever</b> live with anyone who was depressed, mentally ill or suicidal?	No	Unsure	Yes	Mental Health
13	Do you spend time with anyone who uses drugs or drinks too much alcohol?	No	Unsure	Yes	Substance Use
14	Did you <b>ever</b> live with anyone who had a problem with drugs or alcohol?	No	Unsure	Yes	
15	Have you <b>ever</b> been touched, or asked to touch, an adult or someone at least 5 years older sexually?	No	Unsure	Yes	Sexual Issues
16	Does your primary caregiver (parent or guardian) have a high school degree?	Yes	Unsure	No	Other Questions