

the *STEMSS* Institute - Adverse Childhood Experiences (ACEs) Trauma/Resiliency Survey

This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve your Treatment services.

The Center for Disease Control's Adverse Childhood Experience (ACEs) Study has identified 10 kinds of traumatic events that often occur in families that are "stressed out" by things like substance abuse, extreme poverty, mental illness, being homeless, or being moved around all the time. Having things like this happen in childhood can have a lasting effect on your physical and mental health. Take a look at the categories below. Exposure to one **type (not incident)** of ACE, qualifies as one point. An ACE Score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

INSTRUCTIONS: 1) Identify and list a few of your strengths - how did you survive? Some things about you that you really like? 2) Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in **BEFORE THE AGE OF 12**. Then enter your score (*either zero or 1*) for each type of trauma. Add your scores to get your Trauma Dose. 3) Complete the NOW column. 4) Then complete the HOW questions. *You're encouraged to discuss your answers with a Counselor!*

1. STRENGTHS: _____

How old are you now? (Please circle) 6-12 13 -18 19-25 26-35 36-45 46-55 56-65 66 +

2. ACEs	Did this ever happen to you as a child <i>before you were 12 years old</i> ?	X no	YES	How old?	3.NOW
Emotional Abuse	Did a parent or other adult in the household often or very often , swear at you, insult you, put you down and/or threaten you in a way that made you think that you might be physically hurt?				
Physical Abuse	Did a parent or other adult in the household often or very often... push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?				
Sexual Abuse	Did an adult or person at least 5 years older ever touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you?				
Emotional Neglect	Did you often or very 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?				
Physical Neglect	Did you often or very 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?				
Mother Treated Violently	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife, gun or other weapon?				
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs?				
Household Mental Illness	Was a household member ever depressed; mentally ill or sent to a mental hospital? Has a family member ever attempted suicide?				
Separation/Divorce	As a child, were your parents ever separated (didn't live together) or divorced?				
Incarcerated Household Member	Did a household member ever go to prison, or was constantly in and out of jail?				
	Add up all the "no" answers. This is your RESILIENCY SCORE				
REMEMBER ... this is what <i>happened</i> to you - not who you are!	Add up all the "YES" answers. This is your TOTAL ACE SCORE				
	Add up all the "NOW" numbers. This is your TOTAL "TRAUMA LOAD"				

3. **NOW:** Across each row that you marked "YES", how often does this experience of childhood trauma bother you in your life today?
1 - Never or almost never 2 - Hardly Ever 3 - Some of the time 4 - Most of the time 5 -Always or almost always

4. **HOW:** How has this trauma affected your life? Have you: Been admitted to residential substance abuse Treatment? ☐ No ☐ YES How many times? _____
Admitted to a mental hospital or Crisis Center? ☐ No ☐ YES How many times? _____ Gone to jail for a week or more? ☐ No ☐ YES How many times? _____
Attempted suicide? ☐ No ☐ YES How many times? _____ Been admitted to the hospital or ER for accident or illness: ☐ No ☐ YES How many times? _____

The Conner-Davidson Resilience Scale

not like me

a lot like me

1.	I'm able to adapt to change.	0	1	2	3	4
2.	I have close and secure relationships.	0	1	2	3	4
3.	I think sometimes fate or God can help me.	0	1	2	3	4
4.	I can deal with whatever comes.	0	1	2	3	4
5.	Past success gives me confidence for new challenges.	0	1	2	3	4
6.	I see the humorous side of things.	0	1	2	3	4
7.	Coping with stress makes me stronger.	0	1	2	3	4
8.	I tend to bounce back after illness or hardship.	0	1	2	3	4
9.	I believe things happen for a reason.	0	1	2	3	4
10.	I give my best effort no matter what.	0	1	2	3	4
11.	I can achieve my goals.	0	1	2	3	4
12.	When things look hopeless, I don't give up.	0	1	2	3	4
13.	I know where to turn for help.	0	1	2	3	4
14.	Under pressure, I can focus and think clearly.	0	1	2	3	4
15.	I prefer to take the lead in problem-solving.	0	1	2	3	4
16.	I'm not easily discouraged by failure.	0	1	2	3	4
17.	I think of myself as a strong person.	0	1	2	3	4
18.	I can make unpopular or difficult decisions.	0	1	2	3	4
19.	I can handle unpleasant feelings.	0	1	2	3	4
20.	I sometimes have to act on a hunch.	0	1	2	3	4
21.	I have a strong sense of purpose.	0	1	2	3	4
22.	I feel in control of my life.	0	1	2	3	4
23.	I like to take on challenges.	0	1	2	3	4
24.	I work to attain your goals.	0	1	2	3	4
25.	I take pride in my achievements.	0	1	2	3	4

My **Strengths** Profile: *add up the columns*

$$\underline{\quad} + \underline{\quad} + \underline{\quad} = \underline{\quad}$$

Which ones would you like to increase? How about starting that TODAY? You got this!