

For patients: infant version - ENGLISH

Montefiore



Cover sheet for ACEs Form



Congratulations on the birth of your baby!

Dear Parent,

At Montefiore we care about your child's health, both physical and emotional, and we want to make sure that your child receives the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc. As the number of the stressful events you were exposed to increases, your child's risk for these health problems increases as well. At Montefiore, we have the opportunity to identify these risks so that we can help prevent or lower the risk for health problems for your child.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. We would like you to **answer the following questions based on your life experiences before the age of 18 and then answer the same questions for your child.**

Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team

Please Complete

Today's Date: _____ Parent's Name: _____

Child's Name: _____ Parent's Date of Birth: _____

Child's Date of Birth: _____ Parent's Gender: _____

Parent's Last Grade Completed in School: _____

Race or Ethnic Identity: (Please circle all that apply)

Hispanic

White/Non-Hispanic

Black/Non-Hispanic

Other/Non-Hispanic

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

While YOU were growing up, during your first 18 years of life:

1. Were your parents ever separated or divorced?
2. Was anyone you lived with depressed or mentally ill, or did they attempt suicide?
3. Did you live with anyone who was a problem drinker, alcoholic or used street drugs?
4. Did anyone you lived with go to prison?
5. Was your mother or step-mother pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, had something thrown at her, repeatedly hit for at least a few minutes, or ever threatened or hurt by a knife or a gun?
6. While you were growing up, did you sometimes not have enough to eat, wear dirty clothes, not have anyone take you to the doctor, or were your parents too drunk or high to take care of you?
7. Did a parent or adult in your home swear at you, insult you, or put you down or act in a way that made you afraid you might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
9. Did a parent, adult, or someone at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
10. While you were growing up, did you feel as if there was NO ONE who made you feel special or loved, or that your family was NOT a source of strength, support and protection for you?



Total Number of Parent "YES" Answers Here: _____

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

Since your CHILD was born:

1. Have you and your partner separated or divorced?
2. Has your child lived with anyone who was depressed or mentally ill, or who attempted suicide?
3. Has your child lived with anyone who was a problem drinker or used street drugs?
4. Has your child lived with anyone who has been to prison?
5. Has your child ever witnessed anyone in the home (parents or adults) push, grab, slap, or throw things at each other and/or witnessed anyone kick, bite, hit with a fist, or hit each other with something hard, or ever witness people threatening each other with a weapon, such as a knife or a gun?
6. Since your child was born, have there been times when your child has not had enough to eat, has not had anyone take him/her to the doctor, or have any of his/her caregivers been too drunk or high to take care of him/her?
7. Since your child was born, has a parent or other adult in your home sworn at, insulted, or put your child down or acted in a way that made your child afraid that he/she might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at your child, or ever hit him/her so hard that she /he had marks or was injured?
9. Did a parent, adult, or someone at least 5 years older than your child ever touch your child sexually or try to make your child touch them sexually?
10. Since your child was born, do you feel as if there has NOT been anyone in his/her family who makes him/her feel special, or that you or his other caregivers have NOT been able to be a source of strength, support or protection for your child?



Total Number of Child "YES" Answers Here: _____

For patients 1 -17 years old



Dear Parent,

At Montefiore we care about your child's health, both physical and emotional, and we want to make sure that your child receives the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc. As the number of the stressful events your child is exposed to increases, your child's risk for these health problems increases as well. At Montefiore, we have the opportunity to identify these risks so that we can help prevent or lower the risk for health problems for your child.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. Answering this questionnaire is completely **optional**.

We would like you to **answer the following questions based on your child's experiences before the age of 18.**

Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

Since your CHILD was born:

1. Have you and your partner separated or divorced?
2. Has your child lived with anyone who was depressed or mentally ill, or who attempted suicide?
3. Has your child lived with anyone who was a problem drinker or used street drugs?
4. Has your child lived with anyone who has been to prison?
5. Has your child ever witnessed anyone in the home (parents or adults) push, grab, slap, or throw things at each other and/or witnessed anyone kick, bite, hit with a fist, or hit each other with something hard, or ever witness people threatening each other with a weapon, such as a knife or a gun?
6. Since your child was born, have there been times when your child has not had enough to eat, has not had anyone take him/her to the doctor, or have any of his/her caregivers been too drunk or high to take care of him/her?
7. Since your child was born, has a parent or other adult in your home sworn at, insulted, or put your child down or acted in a way that made your child afraid that he/she might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at your child, or ever hit him/her so hard that she /he had marks or was injured?
9. Did a parent, adult, or someone at least 5 years older than your child ever touch your child sexually or try to make your child touch them sexually?
10. Since your child was born, do you feel as if there has NOT been anyone in his/her family who makes him/her feel special, or that you or his other caregivers have NOT been able to be a source of strength, support or protection for your child?



Total Number of Child "YES" Answers Here: _____

For patients 18 years old & up



Dear Valued Patient of Montefiore:

At Montefiore, we care about your physical and emotional health, and we want to make sure that you receive the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. Answering this questionnaire is completely **optional**.

We would like you to **answer the following questions based on your life experiences before the age of 18**. Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

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2. Was anyone you lived with depressed or mentally ill, or did they attempt suicide?
3. Did you live with anyone who was a problem drinker, alcoholic or used street drugs?
4. Did anyone you lived with go to prison?
5. Was your mother or step-mother pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, had something thrown at her, repeatedly hit for at least a few minutes, or ever threatened or hurt by a knife or a gun?
6. While you were growing up, did you sometimes not have enough to eat, wear dirty clothes, not have anyone take you to the doctor, or were your parents too drunk or high to take care of you?
7. Did a parent or adult in your home swear at you, insult you, or put you down or act in a way that made you afraid you might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
9. Did a parent, adult, or someone at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
10. While you were growing up, did you feel as if there was NO ONE who made you feel special or loved, or that your family was NOT a source of strength, support and protection for you?



Total Number of "YES" Answers Here: _____