

Protective and Compensatory Experiences (PACES)

When you were growing up, prior to your 18th birthday:

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| 1. Did you have someone who loved you unconditionally (you did not doubt that they cared about you)? | YES | NO |
| 2. Did you have at least one best friend (someone you could trust, had fun with)? | YES | NO |
| 3. Did you do anything regularly to help others (e.g., volunteer at a hospital, nursing home, church) or do special projects in the community to help others (food drives, Habitat for Humanity)? | YES | NO |
| 4. Were you regularly involved in organized sports groups (e.g., soccer, basketball, track) or other physical activity (e.g., competitive cheer, gymnastics, dance, marching band)? | YES | NO |
| 5. Were you an active member of at least one civic group or a non-sport social group such as scouts, church, or youth group? | YES | NO |
| 6. Did you have an engaging hobby -- an artistic or intellectual pastime either alone or in a group (e.g., chess club, debate team, musical instrument or vocal group, theater, spelling bee, or did you read a lot)? | YES | NO |
| 7. Was there an adult (not your parent) you trusted and could count on when you needed help or advice (e.g., coach, teacher, minister, neighbor, relative)? | YES | NO |
| 8. Was your home typically clean AND safe with enough food to eat? | YES | NO |
| 9. Overall, did your schools provide the resources and academic experiences you needed to learn? | YES | NO |
| 10. In your home, were there rules that were clear and fairly administered? | YES | NO |

Adverse Childhood Experiences (ACEs)

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

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| 1. Did a parent or other adult in the household often or very 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? | YES | NO |
| 2. Did a parent or other adult in the household often or very often:

Push, grab, slap, or throw something at you OR hit you so hard that you had marks or were injured? | YES | NO |
| 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 attempt or actually have oral, anal, or vaginal intercourse with you? | YES | NO |
| 4. 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? | YES | NO |
| 5. 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? | YES | NO |
| 6. Was your mother or stepmother or father or stepfather:

Often or very often pushed, grabbed, slapped, or had something thrown at her/him OR sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard OR ever repeatedly hit for at least a few minutes or threatened with a knife or gun? | YES | NO |
| 7. Were your parents ever separated or divorced? | YES | NO |
| 8. Did you live with anyone who was a problem-drinker or alcoholic or who used street drugs or prescription drugs not as prescribed? | YES | NO |
| 9. Was a household member depressed or mentally ill or did a household member attempt suicide? | YES | NO |
| 10. Did a household member go to prison? | YES | NO |