Appendix 1: Screening Tool used in TCC Pilot

The Children’s Clinic
welcoming families since 1971

To the parents in my practice,

None of us grew up in a perfect family. Some of us, however, grew up in very dysfunctional or unsafe homes. As your pediatrician, it is helpful for me to know specifically what you experienced while growing up. It helps me to better think about how to support your own parenting skills through what might be challenging times or experiences. For example, if you grew up in a household where you did not have enough to eat, will that make it harder to know how much your child should eat at any given age? If you were physically abused as a child, how will you feel or react when your toddler hits you out of frustration or anger?

AND, it is also very important to know that an unsafe or dysfunctional home is only part of anyone’s story. We also know that resilience, the ability to ‘bounce back’, is just as important as adversity.

On the reverse side of this letter is a questionnaire asking about your own Adverse Childhood Experiences (ACEs) followed by a questionnaire about resilience. Thank you for sharing this information with me. Your personal information will be kept confidential. We will track overall information obtained in order to make decisions about services to offer within the clinic.

For more information about ACEs and the importance of resilience, the following websites may be helpful:

acestudy.org
resiliencetrumpsaces.org

Thank you,

Drs. Gillespie, Lacey, Pettersen, Pereira, Puterbaugh, Reynolds, Rosborough, Thompson.
Finding Your ACE Score

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

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  If yes enter 1  

2. 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?  
   Yes  No  If yes enter 1  

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  If yes enter 1  

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  If yes enter 1  

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  If yes enter 1  

6. Were your parents **ever** separated or divorced?  
   Yes  No  If yes enter 1  

7. Was your mother or stepmother:  
   **Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
   or  
   **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
   or  
   **Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?  
   Yes  No  If yes enter 1  

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
   Yes  No  If yes enter 1  

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
   Yes  No  If yes enter 1  

10. Did a household member go to prison?  
    Yes  No  If yes enter 1  

    **Now add up your “Yes” answers: **  
    This is your ACE Score
Resilience Score

Please answer the questions below using the following scoring guide:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Definitely Not True</td>
<td>Probably Not True</td>
<td>Not Sure</td>
<td>Probably True</td>
<td>Definitely True</td>
</tr>
</tbody>
</table>

1. I believe my mother loved me when I was little. 0 1 2 3 4
2. I believe that my father loved me when I was little. 0 1 2 3 4
3. When I was little, other people helped my parents take care of me and they seemed to love me. 0 1 2 3 4
4. I’ve heard that when I was an infant, someone in my family enjoyed playing with me and I enjoyed it too. 0 1 2 3 4
5. When I was a child, there were relatives in my family who helped me feel better when I was sad or worried. 0 1 2 3 4
6. When I was a child, neighbors or my friends’ parents seemed to like me. 0 1 2 3 4
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me. 0 1 2 3 4
8. Someone in my family cared about how I was doing in school. 0 1 2 3 4
9. My family, friends neighbors and friends talked about making our lives better. 0 1 2 3 4
10. We had rules in our house and were expected to keep them. 0 1 2 3 4
11. When I felt really bad, I could almost always find someone I trusted to talk to. 0 1 2 3 4
12. As a youth, people noticed that I was capable and could get things done. 0 1 2 3 4
13. I was independent and a go-getter. 0 1 2 3 4
14. I believe that life is what you make it. 0 1 2 3 4
15. There are people I can count on now in my life. 0 1 2 3 4

Total Score: ____________
Comments:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Questions:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Concerns:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I would be interested in:   ___ Parenting Classes
___ Parent Support Groups
___ Visiting Home Nurse Programs
___ Twitter Feeds: (helpful hints on parenting)
___ More information on your Web Site
___ Relief Nursery Services
___ Other (please tell us more) ________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
This questionnaire was filled out by: ___ Mom   ___ Dad