

Note to service provider:

PACES (Positive and Adverse Childhood Experiences Survey) is a brief questionnaire designed as an alternative to the ACE Survey. It includes questions about protective factors. These protective factor questions are interspersed with the items from the ACE Survey in a way that can help to decrease the potential for re-traumatization, maintain a balance between activating and calming questions, and help provide a richer understanding of the client's family experiences.

PACES was developed as an example of how questionnaire construction can be done in a way that gathers information needed for delivery of trauma intervention/prevention services and also highlights client resilience. Since PACES is not a standardized questionnaire, questions can be changed to better fit the agency needs. It is the interspersing of protective questions that highlight client resilience that the questionnaire demonstrates.

Introducing PACES to a client

To the Individuals in Our Practice Seeking _____ Care:

The families that each of us grows up in as well as our early childhood experiences can have an effect on our parenting/behaviors/health/well being. Most of us have some memories of our early life that are positive...people who cared about us, positive experiences that made us confident, etc. But there are also childhood experiences that are harmful to children and can continue to affect us even as adults.

Here at _____ it helps us understand how to better support you during our work with you to know some of the positive experiences and also the hard things you experienced during childhood. For example, parents who didn't have enough to eat as children tell us that it is hard to know how much their child should eat at any given age.

We also know that events that happen when you get older can also have an effect on how easy it is to bounce back after distressing experiences.

On the form below are some questions about your own early experiences. The questions mostly focus on your family experiences. Your answers to these questions can help us know how to support you and they can also help us better understand others and the services that would be helpful for our clinic to offer.

Thank you for sharing this information. It will be kept confidential and will be used to help us help you as well as to develop services that can benefit many other individuals as well. It is completely ok to skip items or to decide not to fill out this questionnaire. It will not affect your ability to receive services from our agency.

Screening Questionnaire:

date: _____

P.A.C.E.S

Before your 18th birthday:

1. Was there an adult in your family who took an interest in you in a positive way? Y N
2. Was there someone in your family that really seemed to understand the good things about you? Y N
3. Not including spanking did any adult in your home ever physically hurt you (by hitting, kicking, etc)? Y N
4. Did anyone in your home often swear at you, insult you, put you down or humiliate you? Y N
5. Was there an adult outside the family who took an interest in you? Y N
6. Did anyone at least 5 years older than you sexually abuse you, including unwanted touch? Y N
7. Did your family look out for each other and support each other most of the time? Y N
8. Did you often or very often feel that no one in your family loved you or thought you were special? Y N
9. Were there groups you belonged to outside your family that made you feel good about yourself? Y N circle any that made you feel good: school club team, gang church other
10. Did you often or very often feel you didn't have enough to eat, had to wear dirty clothes, or were left alone or with other young children without an adult in the house? Y N
11. Did any adults that lived with you use drugs or get drunk in front of you so much that they couldn't care for your needs? Y N
12. Did you experience death of a parent, abandonment, or divorce? Y N
13. If hard things were happening in your life did you have positive ways to help yourself feel safe or better? Y N

14. Was there violence in your house such as hitting, throwing things, kicking, threatening with a weapon such as gun or knife? Y N
15. Did anyone in your home get arrested or go to jail/prison? Y N
16. Did your family have things they liked to do together? Y N
17. Was anyone in your home depressed, mentally ill or suicidal? Y N
18. Was there someone in your home who gave you guidance or good advice? Y N
19. Was there someone at home who paid attention to how you were doing in school? Y N
20. Did you have physical activities that you regularly did? Y N