Adverse Childhood Experience (ACE) Questionnaire
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** ...
   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 or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

2. Did a parent or other adult in the household **often** ...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

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
   Try to or actually have oral, anal, or vaginal sex with you?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

4. Did you **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 or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

5. Did you **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 or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

6. Were your parents **ever** separated or divorced?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

7. Was your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her?
   or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

   Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

10. Did a household member go to prison?

    Yes or No (if "Yes" place a score of 1 to the right & 0 if "No") Score_____

Now add up your score. This is your ACE Score: Total Score_____

WHO-5

WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick or checkmark in the box with the number 3 in the upper right corner.

Scoring:

The raw score is calculated by totaling the figures of the five answers. The raw score ranges from 0 to 25. 0 (zero) representing the worst possible and 25 representing the best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	**I have felt cheerful and in good spirits**	☐ 5	☐ 4	3 ☐	2 ☐	1 ☐	0 ☐
2	**I have felt calm and relaxed**	☐ 5	☐ 4	3 ☐	2 ☐	1 ☐	0 ☐
3	**I have felt active and vigorous**	☐ 5	☐ 4	3 ☐	2 ☐	1 ☐	0 ☐
4	**I woke up feeling fresh and rested**	☐ 5	☐ 4	3 ☐	2 ☐	1 ☐	0 ☐
5	**My daily life has been filled with things that interest me**	☐ 5	☐ 4	3 ☐	2 ☐	1 ☐	0 ☐
	TOTAL SCORE (add up each column and write the total in the box below):						
	Calculate the percentage & write the percentage in your weekly tracker:	Total of all 6 columns here:	X (times)	4	=	Write the % here:	

WHODAS 2.0

World Health Organization

Complete items F1-F5 before your first session			
F1	Client's Name or ID #		
F2	Therapist's Name or ID #		
F3	1st Appointment Time (1:00pm, 2:00pm, etc.)		
F4	1st appointment date	MM/DD/YYYY	
F5	Living situation at time of interview (Circle only one)	Independent in community	1
		Assisted Living	2
		Hospitalized	3

Section 2 Demographic and background information

A1	Record sex as observed	Female	1
		Male	2
A2	How old are you now?	_____years	
A3	How many years in all did you spend studying in school, college or university?	_____years	
A4	What is your current marital status? (Select the single *best* option)	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabitating	6
		Been divorced & currently remarried	7
		Married & having an affair	8
		Widowed & remarried or serious relationship	9
A5	Which describes your main work status best? (Select the single *best* option)	Paid fulltime work	1
		Paid part time work	2
		Self employed, such as own your business or farming	3
		Non-paid work, such as volunteer or charity	4
		Student	5
		Keeping house/homemaker	6
		Retired	7
		Unemployed (other reasons)	8

WHODAS 2.0 (continued)

Section 3 Preamble

This inventory is about difficulties people sometimes have in their lives because of physical or mental health conditions. Health conditions refer to diseases, illnesses or other health problems that may be short or long term conditions including injuries, mental or emotional challenges, or problems with alcohol or drugs (illicit or prescribed).

Please remember to keep all of your health concerns or challenges in mind as you answer each question that create difficulties for you. "Difficulty with an activity" means an activity that takes or creates:

- increased effort,
- discomfort or pain,
- slowness, or
- changes in the way you do the activity.

When answering, please think back over the past 30 days. Also, answer the questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.

Use the scale provided when responding answering with:

- None
- Mild
- Moderate
- Severe
- Extreme, or
- Cannot do.

WHODAS 2.0 (continued)

Section 4 Domain reviews

Domain 1 Cognition

Because of your health conditions in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D1.1	Concentrating on doing something for 10 minutes	1	2	3	4	5
D1.2	Remembering to do important things	1	2	3	4	5
D1.3	Analyzing and finding solutions to problems in day-today life	1	2	3	4	5
D1.4	Learning a new task, for example, learning how to get to a new place	1	2	3	4	5
D1.5	Generally understanding what people say	1	2	3	4	5
D1.6	Starting and maintaining a converstation	1	2	3	4	5

Domain 2 Mobility

Because of your health conditions in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D2.1	Standing for long periods of time such as 30 minutes	1	2	3	4	5
D2.2	Standing up from sitting down	1	2	3	4	5
D2.3	Moving around inside your home	1	2	3	4	5
D2.4	Getting out of your home	1	2	3	4	5
D2.5	Walking a long distance such as a mile or more	1	2	3	4	5

Domain 3 Self-care – difficulties taking care of yourself

Because of your health conditions in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D3.1	Washing your whole body	1	2	3	4	5
D3.2	Getting dressed	1	2	3	4	5
D3.3	Eating	1	2	3	4	5
D3.4	Staying by yourself for a few days	1	2	3	4	5

WHODAS 2.0 (continued)

Domain 4 Getting along with people

This next section, or domain, is about how difficult it is for you to get along with people. Remember, we are only asking about difficulties in getting along with other people due to current health problems or challenges – diseases, illnesses, injuries, mental or emotional health problems and problems with alcohol or drugs (illicit or prescribed).

Because of your health conditions in the past 30 days, how much difficulty did you have in:		**None**	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
D4.1	Dealing with people you do not know	1	2	3	4	5
D4.2	Maintaining a friendship	1	2	3	4	5
D4.3	Getting along with people who are close to you	1	2	3	4	5
D4.4	Making new friends	1	2	3	4	5
D4.5	Sexual activities	1	2	3	4	5

Domain 5 Life activities

5(1) Household activities

This section is about activities involved in maintaining your household, and caring for the people who you live with or are close to. These activities include cooking, cleaning, shopping, caring for others and caring for your belongings.

Because of your health conditions in the past 30 days, how much difficulty did you have in:		**None**	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
D5.1	Taking care of your household responsibilities	1	2	3	4	5
D5.2	Doing your most important household tasks as well	1	2	3	4	5
D5.3	Getting all the household work done that you needed to do	1	2	3	4	5
D5.4	Getting your household work done as quickly as needed	1	2	3	4	5

If any of the responses to D5.2 – D5.5 are rated greater than none (coded as "1") respond below:

D5.01	In the past 30 days, on how many days did you reduce or completely miss household work because of your health condition?	***Record number of days_____***

WHODAS 2.0 (continued)

5(2) Work or school activities

You will now rate how your physical or mental/emotional health condition has effected your abilities at work and school.

Because of your health conditions in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D5.5	Your day-to-day work/school	1	2	3	4	5
D5.6	Doing your most important work/school tasks well	1	2	3	4	5
D5.7	Getting all the work done that you need to do	1	2	3	4	5
D5.8	Getting your work done as quickly as needed	1	2	3	4	5
D5.9	Have you had to work at a lower level because of a health condition?				No	1
					Yes	2
D5.10	Did you earn less money as the result of a health condition?				No	1
					Yes	2

If any of D5.5 – D5.8 are rated greater than none (coded as "1") respond below:

D5.02	In the past 30 days, on how many days did you miss work for half a day or more because of your health condition?	***Record number of days_____***

Domain 6 Participation

This section is about your participation in society and the impact your health problems on you and your family. Some of the questions may involve problems that go beyond 30 days, however in answering, please focus on the past 30 days. Again, please remember to answer these questions as it relates to your health problems: physical, mental or emotional, or alcohol or drug related.

Because of your health conditions in the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D6.1	How much of a problem did you have joining community activities (for example, festivities, religious or other activities) in the same way as anyone else	1	2	3	4	5
D6.2	How much of a problem did you have because of barriers or hindrances in the world around you	1	2	3	4	5
D6.3	How much of a problem did you have living with dignity because of the attitudes and actions of others	1	2	3	4	5
D6.4	Ho much time did you spend on your health condition or its consequences	1	2	3	4	5
D6.5	How much have you been emotionally affected by your health condition	1	2	3	4	5
D6.6	How much has your health been a drain on the financial resources of you or your family	1	2	3	4	5
D6.7	How much of a problem did your family have because of your health problems	1	2	3	4	5
D6.8	How much of a problem did you have in doing things by yourself for relaxation or pleasure	1	2	3	4	5

WHODAS 2.0 (continued)

H1	Overall, in the past 30 days, how many days were these difficulties present?	***Record number of days_____***
H2	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	***Record number of days_____***
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition you have been personally challenged with?	***Record number of days_____***

Great work! Way to take this survey as part of your decision to take your life back and to objectively rate your current level of functioning to determine what improvements you will make in the next 30 days. Congratulations. Thank you! I am very proud of your decision to make this happen!!!

Major Depression Inventory (MDI)

The following questions ask about how you have been feeling over the past two weeks. Please put a tick in the box which is closest to how you have been feeling.

How much of the time…	All the time	Most of the time	Slightly more than half the time	Some of less than half the. time	Some. of the time	At no time
1. Have you felt low in spirits or sad	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
2. Have you lost interest in your daily activities?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3. Have you felt lacking in energy and strength?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4. Have you felt less self-confident?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
5. Have you had a bad conscience or feelings of guilt?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
6. Have you felt that life wasn't worth living?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
7. Have you had difficulty in concentrating, e.g. when reading news information or watching TV?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
8. Have you felt very restless?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
9. Have you felt subdued or slowed down?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
10. Have you had trouble sleeping at night?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
11. Have you suffered from Reduced appetite?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
12. Have you suffered from Increased appetite?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐

Total Score ☐ ☐

Burns Anxiety Inventory

Instructions: The following is a listy of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past two weeks.

0 = Not at all **2 = Moderately**

1 = Somewhat **3 = A lot**

Symptom List	**0**	**1**	**2**	**3**
Category I: Anxious Feelings				
1. Anxiety, nervousness, worry, or fear	☐	☐	☐	☐
2. Feeling that things around you are strange, unreal or foggy	☐	☐	☐	☐
3. Feeling detached from all or part of your body	☐	☐	☐	☐
4. Sudden unexpected panic spells	☐	☐	☐	☐
5. Apprehension or a sense of impending doom	☐	☐	☐	☐
6. Feeling tense, stressed, "uptight", or on edge	☐	☐	☐	☐
Category II: Anxious Thoughts				
7. Difficulty concentrating	☐	☐	☐	☐
8. Racing thoughts or having your mind jump from one thing to the next	☐	☐	☐	☐
9. Frightening fantasies or daydreams	☐	☐	☐	☐
10. Feeling that you're on the verge of losing control	☐	☐	☐	☐
11. Fears of cracking up or going crazy	☐	☐	☐	☐
12. Fears of fainting or passing out	☐	☐	☐	☐
13. Fears of physical illnesses or heart attacks or dying	☐	☐	☐	☐
14. Concerns about looking foolish or inadequate in front of others	☐	☐	☐	☐
15. Fears of being alone, isolated, or abandoned	☐	☐	☐	☐
16. Fears of criticism or disapproval	☐	☐	☐	☐
17. Fears that something terrible is about to happen	☐	☐	☐	☐
Category III: Physical Symptoms				
18. Skipping or racing or pounding of the heart (i.e. "Palpitations")	☐	☐	☐	☐
19. Pain, pressure, or tightness in the chest	☐	☐	☐	☐
20. Tingling or numbness in the toes or fingers	☐	☐	☐	☐
21. Butterflies or discomfort in the stomach	☐	☐	☐	☐
22. Constipation or diarrhea	☐	☐	☐	☐
23. Restlessness or jumpiness	☐	☐	☐	☐
24. Tight, tense muscles	☐	☐	☐	☐
25. Sweating not brought on by heat	☐	☐	☐	☐
26. A lump in the throat	☐	☐	☐	☐
27. Trembling or shaking	☐	☐	☐	☐
28. Rubbery or "jelly" legs	☐	☐	☐	☐
29. Feeling dizzy, light-headed, or off balance	☐	☐	☐	☐
30. Choking or smothering sensations or difficulty breathing	☐	☐	☐	☐
31. Headaches or pains in the neck or back	☐	☐	☐	☐
32. Hot flashes or cold chills	☐	☐	☐	☐
33. Feeling tired, weak, or easily exhausted	☐	☐	☐	☐
TOTAL	☐	☐	☐	☐
GRAND TOTAL			☐	☐

PCL-5

Instructions: Below is a list of responses that people sometimes have resulting from a very stressful experience. Please read each response carefully and then circle one of the numbers to the right to indicate how much you have been bothered by the response in **the past month**.

	In the past month how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated, disturbing, and unwanted memories of the stressful experience	0	1	2	3	4
2.	Repeated, disturbing dreams of the stressful experience	0	1	2	3	4
3.	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)	0	1	2	3	4
4.	Feeling very upset when something reminded you of the stressful experience	0	1	2	3	4
5.	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)	0	1	2	3	4
6.	Avoiding memories, thoughts, or feelings related to the stressful experience	0	1	2	3	4
7.	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)	0	1	2	3	4
8.	Trouble remembering important parts of the stressful experience	0	1	2	3	4
9.	Having strong negative beliefs about yourself, other people, or the world (for ex., having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)	0	1	2	3	4
10.	Blaming yourself or someone else for the stressful experience or what happened after it	0	1	2	3	4
11.	Having strong negative feelings such as fear, horror, anger, guilt, or shame	0	1	2	3	4
12.	Loss of interest in activities that you used to enjoy	0	1	2	3	4
13.	Feeling distant or cut off from other people	0	1	2	3	4
14.	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)	0	1	2	3	4
15.	Irritable behavior, angry outbursts, or acting aggressively	0	1	2	3	4
16.	Taking too many risks or doing things that could cause you harm	0	1	2	3	4
17.	Being “super alert” or watchful or on guard	0	1	2	3	4
18.	Feeling jumpy or easily startled	0	1	2	3	4
19.	Having difficulty concentrating	0	1	2	3	4
20.	Trouble falling or staying asleep	0	1	2	3	4
	TOTALS:					

Friel Co-Dependency Assessment Inventory

Below are a number of True / False statements dealing with how you feel about yourself, your life and those around you. As your mark True or False for each question, be sure to answer honestly, but do not spend too much time dwelling on any one question. There are no right or wrong

answers. Take each question as it comes and answer as you usually feel.

_____ 1. I make enough time to do things for myself every week.

_____ 2. I spend lots of time criticizing myself after an interaction with someone.

_____ 3. I would not be embarrassed if people knew certain things about me.

_____ 4. Sometimes I feel like I just waste a lot of time and don't get anywhere.

_____ 5. I take good enough care of myself.

_____ 6. It is usually best not to tell someone they bother you; it only causes fights and gets everyone upset.

_____ 7. I am happy about the way my family communicated when I was growing up.

_____ 8. Sometimes I don’t know how I really feel.

_____ 9. I am very satisfied with my intimate love life.

_____ 10. I’ve been feeling tired lately.

_____ 11. When I was growing up, my family liked to talk openly about problems.

_____ 12. I often look happy when I am sad or angry.

_____ 13. I am satisfied with the number and kind of relationships I have in my life.

_____ 14. Even if I had the time and money to do it, I would feel uncomfortable taking a vacation by myself.

_____ 15. I have enough help with everything that I must do every day.

_____ 16. I with that I could accomplish a lot more than I do now.

_____ 17. My family taught me to express feelings and affection openly when I was growing up.

_____ 18. It is hard for me to talk to someone in authority (boss, teachers, etc.).

_____ 19. When I am in a relationship that becomes too confusing and complicated, I have no trouble getting out of it.

_____ 20. I sometimes feel pretty confused about who I am and where I want to go with my life.

_____ 21. I am satisfied with the way I take care of my own needs.
_____ 22. I am not satisfied with my career.

_____ 23. I usually handle my problems calmly and directly.

_____ 24. I hold back my feelings much of the time because I don't want to hurt other people or have them think less of me.

_____ 25. I don't feel like I'm "in a rut" very often.

_____ 26. I am not satisfied with my friendships.

_____ 27. When someone hurts my feelings or does something I don't like, I have little difficulty telling them about it.

_____ 28. When a close friend or relative asks for my help more than I'd like, I usually say "yes" anyway.

_____ 29. I love to face new problems and am good at finding solutions for them.

_____ 30. I do not feel good about my childhood.

_____ 31. I am not concerned about my health a lot.

_____ 32. I often feel like no one really knows me.

_____ 33. I feel calm and peaceful most of the time.

_____ 34. I find it difficult to ask for what I want.

_____ 35. I don't let people take advantage of me.

_____ 36. I am dissatisfied with at least one of my close relationships.

_____ 37. I make major decisions quite easily.

_____ 38. I don't trust myself in new situations as much as I'd like.

_____ 39. I am very good at knowing when to speak up and when to go along with others' wishes.

_____ 40. I wish I had more time away from my work.

_____ 41. I am as spontaneous as I'd like to be.

_____ 42. Being alone is a problem for me.

_____ 43. When someone I love is bothering me, I have no problem telling them so.

_____ 44. I often have so many things going on at once that I'm really not doing justice to any

one of them.

_____ 45. I am very comfortable letting others into my life and letting them see the “real me”.

_____ 46. I apologize to others too much for what I say or do.

_____ 47. I have no problem telling people when I am angry with them.

_____ 48. There’s so much to do and not enough time.

_____ 49. I have few regrets about what I have done with my life.

_____ 50. I tend to think of others more than I do of myself.

_____ 51. More often than not, my life has gone the way I wanted it to.

_____ 52. People admire me because I’m so understanding of others, even when they do something that annoys me.

_____ 53. I am comfortable with my own sexuality.

_____ 54. I sometimes feel embarrassed by the behavior of those close to me.

_____ 55. The important people in my life know the “real me” and I am okay with them knowing.

_____ 56. I do my share of work and often do a bit more.

_____ 57. I do not feel that everything would fall apart without my efforts and attention.

_____ 58. I do too much for other people and then later wonder why I did so.

_____ 59. I am happy about the way my family coped with problems when I was growing up.

_____ 60. I wish that I had more people to do things with.

Give yourself one point for the number of “False” answers to the odd-numbered questions and one point for the number of “True” answers to the even-numbered questions to get your score.

If your score is....

Below 20 Little
21 - 30 Moderate
31 - 45 Moderate to High
46 or over High