



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. We know that resilience can also be nurtured and developed with positive experiences and relationships.

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, please visit our website.

Thank you,

Drs. Devore, Gillespie, Lacey, Pettersen, Pereira, Puterbaugh, Reynolds, Thompson, Tomkoria, Han, Purnell, Nichols.

**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**

**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**

**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. Were your parents ever separated or divorced? Yes No**

**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**

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

**11. Did you experience repeated bullying as a child? Yes No**

**12. Did you repeatedly experience discrimination based on ethnicity, skin color or sexual orientation?  
Yes No**

**13. Did you live in a neighborhood that experienced gang related violence? Yes No**

**14. Did you ever live in a foster home or group home? Yes No**

