



You may use this printable version of the ACEs to record responses during your face-to-face assessment with the member. To score the ACEs, you **must** fill in your responses into the ACEs scoring tool found on the Magellan of Virginia website. Please attach the completed ACEs scoring tool to your IACCT assessment (90889) submission.

Item #	C-ACEs only Ages 12-17	Response Choices		
1	In the past year, did you or your family worry that your food would run out before you got money or Food Stamps to buy more?	Never	Sometimes	Often
2	In the past year, have you felt afraid of someone you were dating?	No	Not Dating	Yes
3	Have you ever witnessed adults in the home hitting, slapping, kicking or physically threatening each other?	No	Unsure	Yes
4	Did you ever live with anyone who <u>often</u> shouted or yelled at you?	No	Unsure	Yes
5	Did you ever live with anyone who acted in a way that made you feel afraid?	No	Unsure	Yes
6	Did a parent or other adult ever hit you so hard that you had marks or were injured?	No	Unsure	Yes
7	Have you ever lived away from home for more than a month?	No	Unsure	Yes
8	Are your parents separated, divorced, or not living together?	No	Unsure	Yes
9	Has your parent or anyone you ever lived with went to prison, jail or other correctional facility?	No	Unsure	Yes
10	Do you feel that no one in your family loves you or thinks that you are important or special?	Never	Sometimes	Often

11	Does your family look out for each other, feel close to each other and support each other?	Often	Sometimes	Never
12	Did you ever live with anyone who was depressed, mentally ill or suicidal?	No	Unsure	Yes
13	Do you spend time with anyone who uses drugs or drinks too much alcohol?	No	Unsure	Yes
14	Did you ever live with anyone who had a problem with drugs or alcohol?	No	Unsure	Yes
15	Have you ever been touched, or asked to touch, an adult or someone at least 5 years older sexually?	No	Unsure	Yes
16	Does your primary caregiver (parent or guardian) have a high school degree?	Yes	Unsure	No