APPENDIX Figure 1 from:


FIGURE 1: Adverse Childhood Experiences (ACEs) Survey

Instructions: Provide an answer to advance, cannot return to previous questions. Optional information on Adverse Child Events provided at END of survey.

Note: This survey is anonymous and your responses will be reported as aggregate data.

Less than 9 Questions, less than 3 minutes!

1) What residency program do you belong to?
   a. Select one (of 29)

2) What year of residency are you in?
   a. R1   b. R2   c. R3   d. R4

3) Do you believe that abuse can directly impact health outcomes?
   a. No   b. Yes   c. Unsure

4) Select the 3 topics the you feel least comfortable addressing in an office visit:
   a. Personal history of verbal abuse
   b. Personal history of physical abuse
   c. Personal history of being sexually abused
   d. History of food insecurity in the home
   e. History of parental divorce
   f. History of witnessing physical abuse in the home
   g. Family history of imprisonment
   h. Family history of alcoholism or drug use
   i. Family history of depression

5) Rate your knowledge of the Adverse Childhood Experiences Study:
a. No Knowledge of the study (skips to question 7)
b. Some Knowledge of the study
c. Moderate Knowledge of the study (Can speak comfortably on the subject)
d. Significant Knowledge of the study (Could teach on the subject)

6) Where did you hear or learn about the Adverse Child Events Study?
   a. Residency       b. Medical School       c. Other

7) Which of the following do you think is the #1 reason Adverse Child Events are not routinely addressed in a primary care setting?
   a. Lack of Time       b. Lack of Awareness       c. Lack of tools
   d. Misconceptions       e. Lack of Training       f. Discomfort

8) What proportion of the population that you serve do you think is/has been affected by Adverse Child Events?
   a. <25%       b. 26-50%       c. 50-60%       d. 60-70%       e. >70%

9) Would you like to see Adverse Child Events curriculum integrated into your residency curriculum?
   a. Yes       b. No       c. Unsure