

Adverse Childhood Experiences (ACEs) and Chronic Pain Survey

This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve your Treatment services.

The Center for Disease Control's Adverse Childhood Experience (ACEs) Study has identified 10 kinds of traumatic events that often occur in families that are "stressed out" by things like substance abuse, extreme poverty, mental illness, being homeless, or being moved around all the time. Having things like this happen in childhood can have a lasting effect on your physical and mental health. Take a look at the categories below. Exposure to one **type (not incident)** of ACE, qualifies as one point. An ACE Score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

INSTRUCTIONS: 1) **First identify and list a few of your strengths** - how did you survive? Some things about you that you really like? 2) Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in **BEFORE THE AGE OF 12**. Then put a check mark in the column (*either no or YES*) for each type of trauma. Add your scores to get your Trauma Dose. 3) Complete the NOW column for how much it impacts your life TODAY 4) Then complete the HOW questions at the bottom. *You're encouraged to discuss your answers with a Counselor!*

1. STRENGTHS: _____

How old are you now? (Please circle) 6-12 13 -18 19-25 26-35 36-45 46-55 56-65 66 +

2. ACEs	Did this ever happen to you as a child <i>before you were 12 years old</i> ?	no	YES	3 NOW?
Emotional Abuse	Did a parent or other adult in the household often or very often , swear at you, insult you, put you down and/or threaten you in a way that made you think that you might be physically hurt?			
Physical Abuse	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?			
Sexual Abuse	Did an adult or person at least 5 years older ever touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you?			
Emotional Neglect	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?			
Physical Neglect	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?			
Mother Treated Violently	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife, gun or other weapon?			
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs?			
Household Mental Illness	Was a household member ever depressed; mentally ill or sent to a mental hospital? Has a family member ever attempted suicide?			
Separation/Divorce	As a child, were your parents ever separated (didn't live together) or divorced?			
Incarcerated Household Member	Did a household member ever go to prison, or was constantly in and out of jail?			
	Add up all the "no" answers. This is your RESILIENCY SCORE			
REMEMBER ... this is what <u>happened</u> to you - not who you are!	Add up all the "YES" answers. This is your TOTAL ACE SCORE			
	Add up all the "NOW" numbers. This is your TOTAL "TRAUMA LOAD"			

3. NOW: Across each row that you marked "YES", how often does this experience of childhood trauma bother you in your life today?

1 - Never or almost never 2 - Hardly Ever 3 - Some of the time 4 - Most of the time 5 - Always or almost always

4. HOW: How has this trauma affected your life? **Have you experienced Chronic Pain – for example:** back pain? No YES How severe? (1-10) ____ Migraine headaches? No YES

How severe? (1-10) ____ Fibromyalgia? No YES How severe? (1-10) ____ IBS or Ulcerative Colitis? No YES How severe? (1-10) ____ Been admitted to the hospital or ER for surgery or flare-ups?

No YES How many times? ____ Been treated for chronic depression or anxiety? No YES How many times? ____ Attempted suicide? No YES How many times? ____

Believe it or not, how you THINK about your experience of pain can be even more important than where, how often or how bad! **Pain Reprocessing Therapy** can help you to reduce (or sometimes even eliminate) the discomfort you feel as a result of the pain experience. The first step is to figure out how you think about your experience. We don't usually think about how we THINK about things, but we really do. Underneath our everyday thoughts are assumptions and "habits of thinking" we're not usually aware of. Here are some common thoughts and feelings that people have in response to persistent pain. No judgment here... *(Stop that! It isn't helpful!)* So take a moment to see if any of these seem to fit for you, and how strongly. Then I encourage you to share your results with your Therapist.

Pain Catastrophizing Scale

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feeling that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time	<i>DIMENSION</i>
I worry all the time about whether the pain will end	0	1	2	3	4	<i>Helplessness</i>
I feel I can't go on	0	1	2	3	4	<i>Helplessness</i>
It's terrible and I think it's never going to get any better	0	1	2	3	4	<i>Helplessness</i>
It's awful and I feel that it overwhelms me	0	1	2	3	4	<i>Helplessness</i>
I feel I can't stand it anymore	0	1	2	3	4	<i>Helplessness</i>
I become afraid that the pain will get worse	0	1	2	3	4	<i>Magnification</i>
I keep thinking of other painful events	0	1	2	3	4	<i>Magnification</i>
I anxiously want the pain to go away	0	1	2	3	4	<i>Rumination</i>
I can't seem to keep it out of my mind	0	1	2	3	4	<i>Rumination</i>
I keep thinking about how much it hurts	0	1	2	3	4	<i>Rumination</i>
I keep thinking about how badly I want the pain to stop	0	1	2	3	4	<i>Rumination</i>
There's nothing I can do to reduce the intensity of the pain	0	1	2	3	4	<i>Helplessness</i>
I wonder whether something serious may happen	0	1	2	3	4	<i>Magnification</i>

Remember...NO JUDGMENT!

TOTALS

_____ + _____ + _____ + _____ + _____ = _____

So...what did you learn from doing this exercise? Anything you'd like to change? WHEN? _____

Pain Catastrophizing Scale : "Although PCS scores are normally distributed, suggesting that individuals vary in degree in their level of catastrophizing, it has been useful to consider 'cut-off scores' for clinically relevant levels of catastrophizing. Research at the University Centre for Research on Pain and Disability indicates that a **total PCS score of 30 represents clinically relevant level of catastrophizing**. A total PCS score of 30 corresponds to the 75th percentile of the distribution of PCS scores in clinic samples of chronic pain patients.

Pain Catastrophizing Scale (Copyright 1995, 2001, 2004, 2006, 2009 Michael JL Sullivan, PhD

(adapted 2018) Michael G Bricker – the STEMSS Training Institute