

**Appendix Table 1.** Comparison of Items in Philadelphia (PHL) and Kaiser ACE Surveys

Indicator	PHL ACE Survey	Kaiser ACE Survey
	<b>Conventional ACE</b>	
Emotional Abuse	While you were growing up how often did a parent, step-parent, or another adult living in your home swear at you, insult you, or put you down? <b>More than once</b> , once, never	Did a parent or other adult in the household <b>often</b> or <b>very often</b> ... Swear at you, insult you, put you down, or humiliate you?
	While you were growing up how often did a parent, step-parent, or another adult living in your home act in a way that made you afraid that you would be physically hurt? <b>More than once</b> , once, never	Or Act in a way that made you afraid that you might be physically hurt?
Physical Abuse	While you were growing up did a parent, step-parent, or another adult living in your home push, grab, shove, or slap you? <b>More than once</b> , once, never	Did a parent or other adult in the household <b>often</b> or <b>very often</b> ... Push, grab, slap, or throw something at you?
	While you were growing up did a parent, step-parent, or another adult living in your home hit you so hard that you had marks or were injured? <b>More than once</b> , once, never	Or <b>Ever</b> hit you so hard that you had marks or were injured?
Sexual Abuse	During the first 18 years of life, did an adult or older relative, family friend, or stranger who was at least five years older than yourself <b>ever</b> touch or fondle you in a sexual way or have you touch their body in a sexual way? <b>Yes</b> or No	Did an adult or person at least 5 years older than you <b>ever</b> ... Touch or fondle you or have you touch their body in a sexual way?
	Attempt to have or actually have any type of sexual intercourse, oral, anal or vaginal with you? <b>Yes</b> or No	Or Attempt or actually have oral, anal, or vaginal intercourse with you?
Emotional Neglect	There was someone in your life who helped you feel important or special. Very often true, often true, sometimes true, <b>rarely true</b> , <b>never true</b>	Did you <b>often</b> or <b>very often</b> feel that ... No one in your family loved you or thought you were important or special? Or

**Appendix**  
**Adverse Childhood Experiences: Expanding the Concept of Adversity**  
**Cronholm et al.**

		Your family didn't look out for each other, feel close to each other, or support each other?
Physical Neglect	Your family sometimes cut the size of meals or skipped meals because there was not enough money in the budget for food. <b>Very often true, often true, sometimes true, rarely true, never true</b>	Did you <b>often</b> or <b>very often</b> 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?
	How often, if ever, did you see or hear in your home a parent, step parent, or another adult who was helping to raise you being slapped, kicked, punched, or beaten up? <b>Many times, a few times, once, never</b>	Was your mother or stepmother: <b>Often</b> or <b>very often</b> pushed, grabbed, slapped, or had something thrown at her? Or <b>Sometimes, often, or very often</b> kicked, bitten, hit with a fist, or hit with something hard? Or <b>Ever</b> repeatedly hit at least a few minutes or threatened with a gun or knife?
Domestic Violence	How often, if ever, did you see or hear in your home a parent, step parent, or another adult who was helping to raise you being hit or cut with an object, such as a stick, cane, bottle, club, knife or gun? <b>Many times, a few times, once, never</b>	
Household Substance Abuse	Did you live with anyone who was a problem drinker or alcoholic? <b>Yes</b> or <b>No</b>	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? <b>Yes</b> or <b>No</b>
	Did you live with anyone who used illegal street drugs or who abused prescription medications? <b>Yes</b> or <b>No</b>	
Household Mental Illness	While you were growing up, did you live with anyone who was depressed or mentally ill? <b>Yes</b> or <b>No</b>	Was a household member depressed or mentally ill, or did a household member attempt suicide? <b>Yes</b> or <b>No</b>
	Did you live with anyone who was suicidal? <b>Yes</b> or <b>No</b>	
Parental Separation	Not asked	Were your parents <b>ever</b> separated or divorced? <b>Yes</b> or <b>No</b>

**Appendix**  
**Adverse Childhood Experiences: Expanding the Concept of Adversity**  
**Cronholm et al.**

or Divorce		
Incarcerated Household Member	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? <b>Yes</b> or No	Did a household member go to prison? <b>Yes</b> or No
<b>Expanded ACE</b>		
Witness Violence	How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life? <b>Many times, a few times, once, never</b>	Not asked
Felt Discrimination	While you were growing up... How often did you feel that you were treated badly or unfairly because of your race or ethnicity? <b>Very often true, often true, sometimes true, rarely true, never true</b>	Not asked
Adverse Neighborhood Experience	Did you feel safe in your neighborhood? All of the time, most of the time, <b>some of the time, none of the time</b> Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted? All of the time, most, <b>some, none of the time</b>	Not asked
Bullied	How often were you bullied by a peer or classmate? <b>All of the time, most of the time, some of the time, none of the time</b>	Not asked
Lived in Foster Care	Were you ever in foster care? <b>Yes</b> or No	Not asked

*Note:* Bolded responses indicated the threshold for adversity ACE, adverse childhood experiences