

**Table 1: Respondent Demographics**

	Parent Survey		Adult Survey	
	Number	%	Number	%
<i>Race/Ethnicity</i>				
Asian	1	2.2	1	2.8
Black/African American	1	2.2	2	5.6
Hispanic/Latinx	4	8.7	5	13.9
White	34	73.9	26	72.2
Other	1	2.2	0	0
Multiple Selected	5	10.9	2	5.6
Total	46	100	36	100
<i>Age Range</i>				
18-24	0	0	9	25.0
25-34	11	23.9	5	13.9
35-44	23	50.0	15	41.7
45-54	11	23.9	5	13.9
55+	1	2.2	2	5.6
Total	46	100	36	100
<i>Education</i>				
Less than a high school diploma	0	0	3	8.3
High school degree or equivalent	7	15.2	9	25.0
College degree	24	52.2	16	44.4
Graduate degree	15	32.6	7	19.4

Prefer Not to Answer	0	0	1	2.8
Total	46	100	36	100

*Employment*

Employed full time	20	43.5	12	33.3
Employed part time	13	28.3	5	13.9
Unemployed	1	2.2	4	11.1
Student	0	0	4	11.1
Retired	1	2.2	1	2.8
Homemaker full time	10	21.7	5	13.9
Unable to work	0	0	4	11.1
Self-Employed	1	2.2	0	0
Prefer not to answer	0	0	1	2.8
Total	46	100	36	100

*Time at Center*

< 1 year	8	17.4	4	11.1
1-3 years	10	21.7	8	22.2
3-5 years	3	6.5	5	13.9
5-9 years	14	30.4	4	11.1
10+ years	11	23.9	15	41.7
Total	46	100	36	100

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**Table 2: Preferences for Disclosing ACEs in Future Screens****2A: Center for Youth Wellness Section 1 – Parents of Children with CF**

Specific ACEs	#	%	Categorical ACEs	#	%	Anonymous ACEs		
						Outcomes Research	#	%
				1	28.		2	50.
All of Them	2	4.3	Very Comfortable	3	3	Very Willing	3	0
		17.		1	28.		1	26.
Most of Them	8	4	Somewhat Comfortable	3	3	Somewhat Willing	2	1
					17.			17.
			Neutral	8	4	Neutral	8	4
	1	30.	Somewhat		10.			
Some of Them	4	4	Uncomfortable	5	9	Somewhat Unwilling	1	2.2
	2	45.			10.			
None of Them	1	7	Very Uncomfortable	5	9	Very Unwilling	1	2.2
Prefer Not to Answer	1	2.2	Prefer Not to Answer	2	4.3	Prefer Not to Answer	1	2.2
	4			4			4	
Total	6	100	Total	6	100	Total	6	100

**2B: Center for Youth Wellness Section 2 – Parents of Children with CF**

Specific ACEs	#	%	Categorical ACEs	#	%	Anonymous ACEs		
						Outcomes Research	#	%
		19.		1	41.		2	54.
All of Them	9	6	Very Comfortable	9	3	Very Willing	5	3
Most of Them	9	19.	Somewhat Comfortable	1	39.	Somewhat Willing	1	26.

	6			8	1		2	1
					17.			17.
			Neutral	8	4	Neutral	8	4
		13.	Somewhat					
Some of Them	6	0	Uncomfortable	0	0	Somewhat Unwilling	0	0
	2	47.						
None of Them	2	8	Very Uncomfortable	0	0	Very Unwilling	1	2.2
Prefer Not to Answer	0	0	Prefer Not to Answer	1	2.2	Prefer Not to Answer	0	0
	4			4			4	
Total	6	100	Total	6	100	Total	6	100

### 2C: Original ACE Screen – Adult Patients

						Anonymous ACEs		
Specific ACEs	#	%	Categorical ACEs	#	%	Outcomes Research	#	%
		11.		1	30.		1	44.
All of Them	4	1	Very Comfortable	1	6	Very Willing	6	4
					16.			22.
Most of Them	2	5.6	Somewhat Comfortable	6	7	Somewhat Willing	8	2
					16.			11.
			Neutral	6	7	Neutral	4	1
		11.	Somewhat		11.			
Some of Them	4	1	Uncomfortable	4	1	Somewhat Unwilling	1	2.8
None of Them	2	63.	Very Uncomfortable	3	8.3	Very Unwilling	2	5.6

3 9

16.

13.

Prefer Not to Answer 3 8.3

Prefer Not to Answer 6 7

Prefer Not to Answer 5 9

3

3

3

Total 6 100

Total 6 100

Total 6 100

**Table 3: Preferred Setting for Future ACE Screens**

<b>Future Setting for ACE Screen</b>	<b>Parent</b>		<b>Adult</b>	
	<b>Survey</b>	<b>Survey</b>	<b>Survey</b>	<b>Survey</b>
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Complete a survey in the exam room before or during a CF Center visit	7	15.2	6	16.7
Complete a survey separately from my child's visit by email link	28	60.9	18	50.0
Complete a survey separately from my child's visit by a paper survey sent by mail	1	2.2	0	0
Have an in-person interview during a CF Center visit	3	6.5	4	11.1
Have an in-person interview, by phone	0	0	0	0
I would not participate regardless of the method used	1	2.2	2	5.6
Not sure	5	10.9	1	2.8
Other (write-in answer)	1	2.2	4	11.1
Prefer not to answer	0	0	1	2.8
<b>Total</b>	<b>46</b>	<b>99.9*</b>	<b>36</b>	<b>100.01*</b>

\*Does not sum to 100 due to rounding

**Table 4: Preferred Method for Future ACE screens**

<b>Future Communication about ACE information</b>	Parent		Adult	
	Survey		Survey	
	N	%	N	%
Discuss these experiences with your CF doctor or nurse practitioner	12	26.1	9	25.0
Discuss these experiences with any CF team member with whom you have a relationship	12	26.1	4	11.1
Discuss these experiences with the CF social worker	5	10.9	7	19.4
Discuss these experiences separately from a clinic visit, by phone or in person	8	17.4	4	11.1
Receive general information on ways to reduce health effects of adverse childhood experiences through a mailing or newsletter	8	17.4	5	13.9
Other (write-in answer)	1	2.2	5	13.9
Prefer not to answer	0	0	2	5.6
Total	46	100	36	100

**Supplemental Table 1: Original Adverse Childhood Experience Questionnaire**

**Psychological**

*(Did a parent or other adult in the household . . .)*

Often or very often swear at, insult, or put you down?

Often or very often act in a way that made you afraid that you would be physically hurt?

**Physical**

*(Did a parent or other adult in the household . . .)*

Often or very often push, grab, shove, or slap you?

Often or very often hit you so hard that you had marks or were injured?

**Sexual**

*(Did an adult or person at least 5 years older ever . . .)*

Touch or fondle you in a sexual way?

Have you touch their body in a sexual way?

Attempt oral, anal, or vaginal intercourse with you?

Actually have oral, anal, or vaginal intercourse with you?

**Household dysfunction by category Substance abuse**

Live with anyone who was a problem drinker or alcoholic?

Live with anyone who used street drugs?

**Mental illness**

Was a household member depressed or mentally ill?

Did a household member attempt suicide?

**Mother treated violently**

*Was your mother (or stepmother)*

Sometimes, 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 hit with something hard?

Ever repeatedly hit over at least a few minutes?

Ever threatened with, or hurt by, a knife or gun?

**Criminal behavior in household**

Did a household member go to prison?

## **Supplemental Table 2: Center for Youth Wellness Adverse Childhood Experience Questionnaire**

### **Section 1.** At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

### **Section 2:** At any point since your child was born...

- Your child was in foster care

- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life-threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
- *Your child was detained, arrested or incarcerated*
- *Your child experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)*

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\*Italicized items in Section 2 are only asked to parents that have children over the age of 13.

