

Alcohol and Drug Cognitive Enhancement (ACE) Program screening tool

The ACE screening tool was developed to be administered to clients by frontline alcohol and other drug clinicians.

It is recommended that an examiner ask the questions exactly as they are written and record responses on the form. This allows the examiner to clarify questions if required. Each response scores one. Add the number of 'yes' responses, this is the total score. A score of three or higher indicates risk of cognitive impairment.

The questionnaire includes optional questions that may be asked by the examiner in order to inform the clinical assessment. These questions are not scored as part of the screening.

We recommend the brief executive function assessment tool (BEAT) be administered to further assess for the presence of cognitive impairment. NSW Health clinicians should use the patient record form NH700804.

Clinician information

Name

Designation

Signature

Date

Patient information

Family name

Given name

Male Female

Date of birth (dd/mm/yyyy)

Address

Location or ward

Question		Yes	No	Unsure
1	Have you ever lost consciousness following a blow to the head?			
	Optional question: If yes, how many times?			
2	Did you ever have to go to hospital following a head injury?			
	Optional question: If yes, how many times?			
3	Have you ever had an epileptic seizure?			
	Optional question: If yes, how many times or how often?			
4	Have you ever had a drug or medication overdose?			
	Optional question: If yes, how many times?			
5	Did you ever have to go to hospital following an overdose?			
	Optional question: If yes, how many times?			
6	Did your mother use alcohol or other drugs when she was pregnant with you?			
7	Have you ever had a stroke or any other neurological conditions that might affect your thinking skills?			
	Optional question: If yes, what was it and when did it occur?			
8	Did you ever have learning difficulties, or have to attend special education classes at school?			
9	Have you ever been diagnosed or suspected of having a developmental condition, such as ADHD, autism spectrum disorder (previously known as Asperger's syndrome) or a learning disability?			
10	Did you repeat any grades at school?			
11	Were you ever suspended or expelled from school?			
12	Do you experience memory or other thinking difficulties?			
	Optional question: If yes, since when?			
Total number of 'Yes' responses (don't include answers to the optional questions in the total)		<input style="border: 2px solid green;" type="text"/>		

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