Adverse Childhood Experience (ACE) Questionnaire
Finding Your ACE Score

1. Did a parent or other adult in the household often . . .
   - Swear at you, insult you, put you down, or humiliate you? or
   - Act in a way that made you afraid that you might be physically hurt? Yes _______

2. Did a parent or other adult in the household often . . .
   - Push, grab, slap or throw something at you? or
   - Ever hit you so hard that you had marks or were injured? Yes _______

3. Did an adult or person at least 5 years older than you ever . . .
   - Touch or fondle you or have you touch their body in a sexual way? or
   - Try to actually have oral, anal or vaginal sex with you? Yes _______

4. Did you 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? Yes _______

5. Did you 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? Yes _______

6. Were your parents ever separated or divorced? Yes _______

7. Was your mother or stepmother . . .
   - Often pushed, grabbed, slapped or had something thrown at her? or
   - Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or
   - Ever repeatedly hit over at least a few minutes or threatened with a gun or a knife? Yes _______

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes _______

9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes _______

10. Did a household member go to prison? Yes _______

Now add up your “yes” answers: ________________________ This is your ACE score.