

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.