**Adverse Childhood Experience (ACE) Questionnaire**

**Finding your ACE Score**

**While you were growing up, during your first 18 years of life:**

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 No** If yes enter 1 \_\_\_\_\_\_\_\_

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 No** If yes enter 1 \_\_\_\_\_\_\_\_

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 or actually have oral, anal, or vaginal sex with you?

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

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 No** If yes enter 1 \_\_\_\_\_\_\_\_

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 No** If yes enter 1 \_\_\_\_\_\_\_\_

6. Were your parents **ever** separated or divorced?

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

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 knife?

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

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

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

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

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

10. Did a household member go to prison?

**Yes No** If yes enter 1 \_\_\_\_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_\_\_ This is your ACE Score**