**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

1. 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

1. 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

1. 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

1. 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

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

Yes No If yes enter 1

1. 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

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

Yes No If yes enter 1

1. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No If yes enter 1
2. Did a household member go to prison?

Yes No If yes enter 1

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