

# Adverse Childhood Experience (ACE) Questionnaire

## 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 five 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 \_\_\_

**Add your Yes answers: \_\_\_\_\_. This is your ACE Score.**