

**ADVERSE CHILDHOOD EXPERIENCES (ACE)  
QUESTIONNAIRE**

**The following questionnaire will help you determine your ACE score.**

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

1. Did a parent or other adult in the household often.....
  - a. Swear at you, insult you, put you down, or humiliate you?  
**OR**
  - b. Act in a way that made you afraid you might be physically hurt.  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_
  
2. Did a parent or other adult in the household often.....
  - a. Push, grab, slap, or throw something at you?  
**OR**
  - b. Ever hit you so hard that you had marks or were injured?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_
  
3. Did an adult or person at least 5 years older than you ever.....
  - a. Touch or fondle you or have you touch their belly in a sexual way?  
**OR**
  - b. Try to actually have oral, anal, or vaginal sex with you?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_
  
4. Did you often feel that .....
  - a. No one in your family loved you or thought you were important or special?  
**OR**
  - b. You or your family did not look out for each other, feel close to each other, or support each other?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_
  
5. Did you often feel that .....
  - a. You did not have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**OR**
  - b. Your parents were too drunk or high to take care of you or to take you to the doctor if you were sick and needed to see a doctor?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_
  
6. Were your parents ever separated or divorced?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_

7. Was your mother or stepmother:
- a. Often pushed, grabbed, slapped, or had something thrown at her?  
**OR**
  - b. Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  
**OR**
  - c. Ever repeatedly hit over at least a few times or threatened with a gun or knife?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_

9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_

10. Did a household member go to prison?  
Circle Yes or No      If yes, enter the #1 \_\_\_\_\_

**Now add up your "YES" answers: \_\_\_\_\_ This is your ACE Score**