



## Adverse Childhood Experience Questionnaire

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

<p>1. Did a parent or other adult in the household <b>often...</b> Swear at you, insult you, put you down, or humiliate you? <b>or</b> Act in a way that made you afraid that you might be physically hurt?</p>	Yes
<p>2. Did a parent or other adult in the household <b>often...</b> Push, grab, slap, or throw something at you? <b>or</b> Ever hit you so hard that you had marks or were injured?</p>	Yes
<p>3. Did an adult or person at least 5 years older than you <b>ever...</b> Touch or fondle you or have you touch their body in a sexual way? <b>or</b> Try to or actually have oral, anal, or vaginal sex with you?</p>	Yes
<p>4. Did you <b>often</b> feel that... No one in your family loved you or thought you were important or special? <b>or</b> Your family didn't look out for one another, feel close to each other, or support each other?</p>	Yes
<p>5. Did you <b>often</b> feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? <b>or</b> Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?</p>	Yes
<p>6. Were your parents <b>ever</b> separated or divorced?</p>	Yes
<p>7. Was your mother or stepmother: <b>Often</b> pushed, grabbed, slapped, or had something thrown at her? <b>or</b> <b>Sometimes or often</b> kicked, bitten, hit with a fist, or hit with something hard? <b>or</b> <b>Ever</b> repeatedly hit over at least a few minutes or threatened with a gun or knife?</p>	Yes
<p>8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?</p>	Yes
<p>9. Was a household member depressed or mentally ill or did a household member attempt suicide?</p>	Yes
<p>10. Did a household member go to prison?</p>	Yes

Name: \_\_\_\_\_ Date: \_\_\_\_\_