



Adverse Childhood Experiences (ACE) Assessment

Patient Name: _____

DOB: _____

Race/Ethnicity: _____

Gender: _____

Directions: ***If adult***, please complete the following questions based on your experiences in childhood *prior to your 18th birthday*. Circle yes or no for each prompt. ***If a caregiver for a child***, please complete the following questions for your child based on your knowledge of their experiences. Circle yes or no for each prompt.

1. Did a parent or other adult in the household **often or very often**...

a. Swear at you, insult you, put you down, or humiliate you?

YES or NO

b. Act in a way that made you afraid that you might be physically hurt?

YES or NO

2. Did a parent or other adult in the household **often or very often**...

a. Push, grab, slap, or throw something at you?

YES or NO

b. **Ever** hit you so hard that you had marks or were injured?

YES or NO

3. Did an adult or person at least 5 years older than you **ever**...

a. Touch or fondle you or have you touch their body in a sexual way?

YES or NO

b. Attempt or actually have oral, anal, or vaginal intercourse with you?

YES or NO

4. Did you **often or very often** feel that...

a. No one in your family loved you or thought that you were important or special?

YES or NO

b. Your family didn't look out for each other, feel close to each other, or support each other?

YES or NO

5. Did you **often or very often** feel that...

a. You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

YES or NO

b. Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES or NO

6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?

YES or NO

7. Was your mother or stepmother:

a. **Often or very often** pushed, grabbed, slapped, or had something thrown at her?

YES or NO

b. **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?

YES or NO

c. **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?

YES or NO

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

YES or NO

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

YES or NO

10. Did a household member go to prison?

YES or NO

STAFF ONLY
#1 SCORE

#2 SCORE

#3 SCORE

#4 SCORE

#5 SCORE

#6 SCORE

#7 SCORE

#8 SCORE

#9 SCORE

#10 SCORE

TOTAL ACE SCORE

Staff Only: Scoring instructions: If "yes" is marked at all for a question, then assign a 1 as score for that question. If only "no"s are marked, then that question is scored as 0. Add all individual scores for total ACE score.