



## Adverse Childhood Experiences (ACE) Questionnaire

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

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** YES NO  
Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often** Push, grab, slap, or throw something at you?  
**Or** YES NO  
Ever hit you so hard you had marks or were injured?
3. 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** YES NO  
Try to actually have oral, anal, or vaginal sex with you?
4. Did you **often** feel that No one in your family loved you or thought you were important or special?  
**Or** YES NO  
Your family didn't look out for each other, feel close to each other, or support each other?
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** YES NO  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents divorced or separated? YES NO
7. Was your mother or stepmother **Often** pushed, grabbed, slapped, or had something thrown at her?  
**Or** YES NO  
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  
**Or** YES NO  
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? YES NO
9. Was a household member depressed or mentally ill or did a household member attempt suicide? YES No
10. Did a household member go to prison? YES NO

**Add up the Total number of Yes answers: \_\_\_\_\_ This is your Ace Score**