

Adverse Childhood Experiences (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? _____

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? _____

3. Did an adult or person at least 5 years old 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? _____

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? _____

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? _____

6. Were your parents **ever** separated or divorced? _____

7. Is it true that one of your parents **ever** experienced the following from another parent?
 - Often** pushed, grabbed, slapped, or had something thrown at him/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? _____

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

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? _____

10. Did a household member go to prison? _____

Total ACE Score: _____