**Adverse Childhood Experience (ACE) Questionnaire – Finding your ACE Score**

**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?

Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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**

 Try to or actually have oral, anal or vaginal sex with you?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

7. Was your mother or stepmother:

 **Often** pushed, grabbed, slapped or had something thrown at 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?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

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

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

10. Did a household member go to prison?

 Yes or No If yes enter 1\_\_\_\_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_\_\_\_\_ This is your ACE Score**