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   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   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   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   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   No     If yes enter 1   ________

6. Were your parents **ever** separated or divorced?
   Yes   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   No     If yes enter 1   ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes   No     If yes enter 1   ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes   No     If yes enter 1   ________

10. Did a household member go to prison?
    Yes   No     If yes enter 1   ________

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