



## 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 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 \_\_\_\_\_

**Additional ACEs (added in 2019)**

11. Did you experience repeated bullying causing injury or discomfort, in the form of physical contact, words or more subtle actions?

**Yes No**

If yes enter 1 \_\_\_\_\_

12. Did you live in a neighborhood where there was repeated community violence and you feared for your safety?

**Yes No**

If yes enter 1 \_\_\_\_\_

13. Did you experience the death of a parent or guardian?

**Yes No**

If yes enter 1 \_\_\_\_\_

14. Did you experience ongoing discrimination? (gender, racial, disability, sexual, religious)

**Yes No**

If yes enter 1 \_\_\_\_\_

15. Were you ever placed in the foster care system?

**Yes No**

If yes enter 1 \_\_\_\_\_

16. Did you ever experience a medical trauma

**Yes No**

If yes enter 1 \_\_\_\_\_

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