

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

Name: _____

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?
 Yes No
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
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 have oral, anal, or vaginal sex with you?
 Yes No
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
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
6. Were your parents ever separated or divorced?
 Yes No
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 a knife?
 Yes No
8. Did you live with anyone who was a problem drinker 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

Now, add up your "YES" answers and enter the total here: _____

This is your ACE Score