

**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 a 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**(>3 significant; the higher the score, the greater the impact of life experiences)