Counseling Centers	
Adverse Childhood Experiences (ACE) Qu	estionnaire
Answer the following questions. Enter a 1 in the slot if the answer is yes.	
While you were growing up, during the first 18 years of life:	
 Did a parent or other adult in the household often or very 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 or very 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 Attempt or actually have oral, anal, or vaginal intercourse with you Yes No 	? If yes enter 1
 4. Did you often or very often feel that No one in your family loved you or thought you were important or s or Your family didn't look out for each other, feel close to each other, Yes No 	
 5. Did you often or very often feel that You didn't have enough to eat, had to wear dirty clothes, and had no or Your parents were to drunk or high to take care of you or take you t Yes No 	

6. Were your parents **ever** separated or divorced? Yes No

If yes enter 1 _____



 7. Was your mother or stepmother: Often or very often pushed, grabbed, sapped or had something thrown at her? or Sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard? 			
Ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes No If yes enter 1			
5 5	io wa 'es	s a problem drinker or alcoholic o wh No	o ever used drugs? If yes enter 1
-	press ′es	ed or mentally ill, or did a household No	member attempt suicide? If yes enter 1
10. Did a household member go Y	-	rison? No	If yes enter 1

Now Add up your "Yes" answers: _____ This is your ACE Score.