Adverse Childhood Experiences (ACE) Questionnaire

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:

1. Did a parent or other adult in the household **often or very often**
   - Swear at you, insult you, put you down, or humiliate you?
   - Act in a way that made you afraid that you might be physically hurt?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
</thead>
</table>

2. Did a parent or other adult in the household **often or very often**
   - Push, grab, slap or throw something at you?
   - Ever hit you so hard that you had marks or were injured?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
</thead>
</table>

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?
   - Attempt or actually have oral, anal, or vaginal intercourse with you?
   
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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
</thead>
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4. Did you **often or very often** feel that
   - No one in your family loved you or thought you were important or special?
   - Your family didn’t look out for each other, feel close to each other, or support each other?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
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5. Did you **often or very often** feel that
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   - Your parents were too drunk or high to take care of you or take you to the doctor if needed?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
</thead>
</table>

6. Were your parents **ever** separated or divorced?
   
<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>If yes enter 1 __________</th>
</tr>
</thead>
</table>
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?
   or
   **Ever** repeatedly hit 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 ever used 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.