

# 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

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 or actually 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 knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic 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:**

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**This is your ACE Score**