

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

While the child was growing up:

1. Did a parent or other adult in the household **often** ...
Swear at them, insult them, put them down, or humiliate them?
or
Act in a way that made you afraid that you might be physically hurt?
If yes enter 1: _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at them?
or
Ever hit them so hard that they had marks or were injured?
If yes enter 1: _____
3. Did an adult or person at least 5 years older than them **ever**...
Touch or fondle them or have them touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with them?
If yes enter 1: _____
4. Did they **often** feel that ...
No one in their family loved them or thought they were important or special?
or
Their family didn't look out for each other, feel close to each other, or support each other?
If yes enter 1: _____
5. Did you **often** feel that ...
They didn't have enough to eat, had to wear dirty clothes, and had no one to protect them?
or
Their parents were too drunk or high to take care of them or take them to the doctor if they needed it?
If yes enter 1: _____
6. Were their parents ever separated or divorced?
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 knife?
If yes enter 1: _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
If yes enter 1: _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
If yes enter 1: _____
10. Did a household member go to prison?
If yes enter 1: _____

Now add up the "Yes" answers: _____

This is the ACE Score