Adverse Childhood Experience (ACE Questionnaire)
Finding Your ACE Score

Client Name: _____ **DOB:** _____ **Age:** _____

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

ACE Score: _____

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