

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a person 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 or No If yes, enter 1 _____

2. Did a person 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 or No If yes, enter 1 _____

3. Did a person older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
Or
Try to actually have oral, anal, or vaginal sex with you?
Yes or No If yes, enter 1 _____

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 or No If yes, enter 1 _____

5. Did you **often** feel that...
You didn't have enough to eat, had to wear unclean 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?
Did you feel emotionally disconnected and neglected by your parents?
Yes or No If yes, enter 1 _____

6. Were your parents separated or divorced? Yes or No If yes, enter 1 _____

7. Was any adult in your home:
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 or No If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker, alcoholic, or who used street drugs?
Yes or No If yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes or No If yes, enter 1 _____

10. Did a household member go to prison?
Yes or No If yes, enter 1 _____

Now add up your "YES" answers: _____ This is your ACE Score

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones