

**Adverse Childhood Experience (ACE) Questionnaire**  
**Finding your ACE Score**

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 drink 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: \_\_\_\_ This is your ACE Score**