Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

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 physicall Yes No	y hurt? If yes enter 1
2. Did a parent or other adult in the household oftenPush, grab, slap, or throw something at you?or	
Ever hit you so hard that you had marks or were injured? Yes No	If yes enter 1
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 or	way?
Try to or actually have oral, anal, or vaginal sex with you? Yes No	If yes enter 1
 Did you often feel that No one in your family loved you or thought you were importa or 	nt or special?
Your family didn't look out for each other, feel close to each of Yes No	other, or support each other? If yes enter 1
5. Did you often feel that You didn't have enough to eat, had to wear dirty clothes, and or	had no one to protect you?
Your parents were too drunk or high to take care of you or tak Yes No	The you to the doctor if you needed it? If yes enter 1
6. Were your parents ever separated or divorced? Yes No	If yes enter 1
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at l or	ner?
Sometimes or often kicked, bitten, hit with a fist, or hit with a for	something hard?
Ever repeatedly hit over at least a few minutes or threatened v Yes No	with a gun or knife? If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic of Yes No	or who used street drugs? If yes enter 1
9. Was a household member depressed or mentally ill or did a househo Yes No	old member attempt suicide? If yes enter 1
10. Did a household member go to prison? Yes No	If yes enter 1
Now add up your "Yes" answers: This is	your ACE Score