



Adverse Childhood Experience (ACE) Questionnaire

This is a brief questionnaire about difficult childhood experiences. Many people have had experiences like these and know about whether things like these have happened or no helps us to understand and work with you better.

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

(If yes enter 1)

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?
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?
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?
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?
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?
6. Did you ever lose a biological parent to divorce, abandonment, or some other reason?
7. Was a parent or step-parent... Often pushed, grabbed slapped, or had something thrown at them? 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?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed, mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Total is the ACE Score_____