



Medical ■ Counseling ■ Recovery

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

**While you were growing up, during the 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      If yes, enter 1      \_\_\_\_\_
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      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 way?  
Or  
Try to actually have oral, anal, or vaginal sex with you?  
Yes      No      If yes, enter 1      \_\_\_\_\_
4. Did you **often** feel that...  
No one in our 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      If yes, enter 1      \_\_\_\_\_
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      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 her?  
Or  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
Or  
**Ever** repeatedly hit or at least a few minutes or threatened with a gun or knife?  
Yes      No      If yes, enter 1      \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes      No      If yes, enter 1      \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes      No      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**