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

Date: Client:	
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?	
Act in a way that made you afraid that you might be physically h Yes No	nurt? 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 wa	ay?
Try to or actually have oral, anal, or vaginal sex with you? Yes No	If yes enter 1
4. Did you often feel that No one in your family loved you or thought you were important or	or special?
Your family didn't look out for each other, feel close to each other. Yes No	ner, 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 had	d no one to protect you?
Your parents were too drunk or high to take care of you or take y Yes No	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 her	?
Sometimes or often kicked, bitten, hit with a fist, or hit with son	mething hard?
Ever repeatedly hit over at least a few minutes or threatened wit Yes No	h a gun or knife? If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic or v Yes No	who used street drugs? If yes enter 1
9. Was a household member depressed or mentally ill or did a household Yes No	I 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