



Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

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 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 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

If yes enter 1 _____

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

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? (This has now been updated in 2019 to "not being raised by both biological parents")

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 over 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 _____

Additional ACEs (Based on continued research and updated in 2019 from the original 10 Aces from the 1990's)

11. Did you experience repeated bullying causing injury or discomfort, in the form of physical contact, words or more subtle actions?

Yes No

If yes enter 1 _____

12. Did you live in a neighborhood where there was repeated community violence and you feared for your safety?

Yes No

If yes enter 1 _____

13. Did you experience the death of a parent or guardian?

Yes No

If yes enter 1 _____

14. Did you experience ongoing discrimination? (gender, racial, disability, sexual, religious)

Yes No

If yes enter 1 _____

15. Were you ever placed in the foster care system?

Yes No

If yes enter 1 _____

16. Did you ever experience a medical trauma that was severe and required hospital stay or a major life altering surgery?

Yes No

If yes enter 1 _____

17. Were you involved in the deportation process or migration from your home country?

Yes No

If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.