# Adverse Childhood Experiences (ACE) Questionnaire

## CLIENT

While you were growing up, during your first eighteen 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?
   
   **IF YES, CHECK MARK ___**

2. Did a parent or other adult in the household **often**
   - Push, grab, or slap you or throw something at you?
   - **or**
   - Ever hit you so hard that you had marks or were injured?

   **IF YES, CHECK MARK ___**

3. Did an adult or person at least five years older than you **ever**
   - Touch or fondle you or have you touch his/her body in a sexual way?
   - **or**
   - Try to or actually have oral, anal, or vaginal sex with you?

   **IF YES, CHECK MARK ___**

4. Did you **often** feel that
   - No one in your family loved you or thought you were important or special?
   - **or**
   - Your family members didn’t look out for one another, feel close to one another, or support one another?

   **IF YES, CHECK MARK ___**

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?

   **IF YES, CHECK MARK ___**
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6. Were your parents ever separated or divorced?
   IF YES, CHECK MARK ___

7. Was your mother or stepmother:
   • Often pushed, grabbed, or 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?
   IF YES, CHECK MARK ___

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   IF YES, CHECK MARK ___

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   IF YES, CHECK MARK ___

10. Did a household member go to prison?
    IF YES, CHECK MARK ___

Now add up your “Yes” answers: __________
This is the client’s ACE score.

Personal communication with S. Covington on December 7, 2015.