

Adverse Childhood Experience (ACE) Questionnaire

Name: _____

Date: _____

This questionnaire will be asking you some questions about events that happened during your childhood; specifically, the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

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 at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt to actually have oral, anal, or vaginal intercourse 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?

Yes No

If Yes, enter 1_____

7. Were any of your parents or other adult caregivers:

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?

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_____

ACE SCORE (Total "Yes" Answers):_____