**Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score** ra hbr 10 24 06

**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** 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?

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 \_\_\_\_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_\_\_ This is your ACE Score**

**Presentation Resources:**

<https://www.cdc.gov/violenceprevention/aces/index.html>

•<http://www.mindfulschools.org/about-mindfulness/research/>

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