

## The Personal Wellness Center

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### 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**