

Adverse Childhood Experience Questionnaire



These questions about your childhood will allow us to better understand early life experiences and may help others in the future. You can skip any question you do not want to answer.

Before your 18th birthday:

1. Did you live with anyone who was depressed, mentally ill, or suicidal?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
2. Did you live with anyone who was a problem drinker, alcoholic, used illegal drugs, or abused prescription medications?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
3. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other facility?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
4. Were your parents separated or divorced?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
5. Did a parent or other adult in your household often or very often...Push, grab, slap, or have something thrown at them?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
6. Did you often or very often feel that....no one in your family loved you or thought you were important or special OR that your family didn't look out, support, or feel close to each other?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
7. Did you often or very often feel that....you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you OR that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
8. Did a parent or other adult in your household often or very often...swear, insult, humiliate, or put you down?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
9. Did a parent or other adult in your household often or very often...hit, beat, kick, or physically hurt you in any way? (Not including spanking)
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____
10. Did an adult or a person at least 5 years older than you ever...touch you sexually, try to make you touch them sexually, or force you to have sex?
No _____ **Unsure/Skip** _____ **If Yes, enter 1** _____

Now add up your "Yes" Answers: _____ is your ACE score.

Community Questionnaire

These questions about your childhood will allow us to better understand early life experiences and may help others in the future. You can skip any question you do not want to answer.

Before your 18th birthday:

1. Did you often or very often feel....unsafe in your neighborhood?
No _____ **Unsure/Skip** _____ **Yes** _____
2. Did you often or very often feel that....you were treated badly or unfairly because of your race or ethnicity?
No _____ **Unsure/Skip** _____ **Yes** _____
3. Were you ever bullied by a peer or classmate?
No _____ **Unsure/Skip** _____ **Yes** _____
4. Did your family often or very often have to....cut the size of meals or skip meals because there was not enough money in the budget for food?
No _____ **Unsure/Skip** _____ **Yes** _____
5. Did you ever see or hear someone being beaten, shot, or stabbed in real life?
No _____ **Unsure/Skip** _____ **Yes** _____

These questions are not a part of your ACE score.



Resources

For additional information and resources on adverse childhood experiences (ACEs) and building resilience within individuals, families, and communities, visit acestoohigh.com or acesconnection.com