

Adverse Childhood Experiences (ACE) Questionnaire			
While you were growing up , During the 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?	No	Yes
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?	No	Yes
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 actually have sex with you?	No	Yes
4	Did you often feel that: You did not 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?	No	Yes
5	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?	No	Yes
6	Were your parents separated or divorced?	No	Yes
7	Was your mother or step mother: Often pushed grabbed slapped, or had something thrown at her? - -OR- Sometimes 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?	No	Yes
8	Did you live with anyone who was a problem drinker or alcoholic or used street drugs?	No	Yes
9	Was a household member depressed or mentally ill or did a household member attempt suicide?	No	Yes
10	Did a household member go to prison?	No	Yes
11	In your history are there stories of your family being oppressed by members of another race or ethnic background?	No	Yes