

ACE Score Questionnaire

Many stressful life experiences are listed in the table below.

In the left-hand column, answer “Yes” if you’ve had the experience or “No” if you have not.

Then in the two columns on the right, rate how much the experience bothered you when it happened, and how much it bothers you now, using the 0-10 scale from “Not at All” to “Very Much”.

Have you Had this Experience?	Description of Life Experience	How Much Did this Experience Bother you at the Time it Happened?	How Much Does this Bother you Now?
Enter Yes or No	<i>While I was growing up, during my first 18 years of life . . .</i>	0 – Not at all to 10–Very Much	0 – Not at all To 10–Very Much
1	A parent or other adult in my home often or very often ... swore at me, insulted me, put me down, or humiliated me. Or – acted in a way that made me afraid that I might be physically hurt.		
2	A parent or other adult in my home often or very often ... pushed, grabbed, slapped, spanked, choked, or threw something at me. Or – ever, even just once, hit me so hard that I had marks or I was injured.		
3	An adult or person at least 5 years older than me ever, even just once . . . touched or fondled me or had me touch their body in a sexual way. Or – attempted or actually had oral, anal, or vaginal intercourse with me.		
4	I often or very often ... felt that no one in my family loved me or no one in my family thought I was important or special. Or – my family members didn't look out for each other, feel close to each other, or support each other.		
5	I often or very often felt that ... I did not have enough to eat, had to wear dirty clothes, and had no one to protect me. Or my parents were too drunk or high to take care of me or take me to the doctor if I needed it.		
6	My parents were ever separated or divorced, even if they got back together.		
7	My mother or stepmother often or very often was pushed, grabbed, slapped, or had something thrown at her. Or sometimes, often, or very often was kicked, bitten, hit with a fist, or hit with something hard. Or ever was repeatedly hit at least a few minutes or threatened with a gun or knife.		
8	I lived with someone who was a problem drinker or alcoholic or used street drugs.		
9	A parent or other adult in my home was depressed, or was mentally ill, or attempted suicide.		
10	A parent or other adult in my home went to prison.		

Client Name _____

Date _____