

Adverse Childhood Experience (ACE) Questionnaire – AGE 1 to 11

In this child's past:

1. Did a parent or other adult in the household often ... Swear at him/her, insult him/her, put him/her down, or humiliate him/her? OR...Act in a way that made him/her afraid that he or she might be physically hurt? Y N
2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at him/her? OR...Ever hit him/her so hard that he or she had marks or were injured? Y N
3. Did an adult or person at least 5 years older than him/her ever... Touch or fondle him/her or have him/her touch their body in a sexual way? OR Try to or actually have oral, anal, or vaginal sex with him/her? Y N
4. Did he/she often feel that ... No one in his/her family loved him/her or thought he/she was important or special? OR...His/her family didn't look out for each other, feel close to each other, or support each other? Y N
5. Did he/she often feel that ... He/she didn't have enough to eat, had to wear dirty clothes, and had no one to protect him/her? OR... His/her parents were too drunk or high to take care of him/her or take him/her to the doctor if he or she needed it? Y N
6. Were his/her parents ever separated or divorced? OR...Was a parent lost to him/her through abandonment or another reason? Y N
7. Was his/her 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? Y N
8. Did he/she live with anyone who was a problem drinker or alcoholic or who used street drugs? Y N
9. Was a household member depressed or mentally ill? OR... Did a household member attempt suicide? Y N
10. Did a household member go to prison? Y N