

**Adverse Childhood Experience (ACE) Questionnaire**

**Finding your ACE Score**

*Remember, this is not a crystal ball that will predict your life path. Rather, it is one tool that helps examine how different experiences may have affected you.*

**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?

and/or

Act in a way that made you afraid that you might be physically hurt?

Circle one: 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?

and/or

Ever hit you so hard that you had marks or were injured?

Circle one: 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?

and/or

Try to or actually have oral, anal, or vaginal sex with you?

Circle one: 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?

and/or

Your family didn't look out for each other, feel close to each other, or support each other?

Circle one: 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?

and/or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

6. Were your parents ever separated or divorced?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her?  
and/or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

and/or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

Circle one: Yes No    If yes enter 1 \_\_\_\_\_

**Total score** \_\_\_\_\_

*A score of 4 or higher indicates that there is a possibility that childhood trauma could impact your emotional and/or physical health. This does not consider your positive experiences or any therapy or healing that you have done.*

**See Page 3 for Positive Child Experience Questionnaire**

## The Positive Child Experience Questionnaire

Place a smiley face next to each of these that apply to you.

While growing up:

1. I was able to talk to someone in my family or a close adult about feelings.
2. I sensed that there was someone in my family or a close adult who could support me in difficult times.
3. I was able to enjoy participating in community traditions (church, football games, trick or treating, etc).
4. I felt that I belonged to a group in high school.
5. I felt supported by my friends.
6. I had at least two non-parent adults who genuinely cared.
7. I felt safe and protected by an adult in my home.

Total: \_\_\_\_\_

Remember that this score can offset the effects of the experiences noted on the ACE. Some researchers believe that a score of 6-7 can cut in half a person's risk of suffering from depression or anxiety.

If your score is low on the PCE (Positive Child Experience Survey), all is not lost! The common themes mentioned are safety, support, and caring. Even if we did not grow up feeling that those were present, we have the opportunity to pursue all of that now as adults.

Are you able to write down four names of people who feel safe and feel like they would support and care for you?  
Are there community traditions that you were not able to engage with as a child, but now as an adult, you can find enjoyment in them?