**Adverse Childhood Experiences (ACEs) Assessment**

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| **Before your 18th Birthday,** | **Circle Your Answer. If Yes, indicate how old you were.** | |
| **Did a parent or other adult in the household often or very often:**   * Swear at you; insult you; put you down; humiliate you; **OR** * Act in a way that made you afraid that you might be physically hurt? | **Yes**  **Age(s):** | **No** |
| **Did a parent or other adult in the household often or very often:**   * Push, grab, slap, or throw something at you; **OR** * Ever hit you so hard that you had marks or were injured? | **Yes**  **Age(s):** | **No** |
| **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** * Attempt or actually have oral, anal, or vaginal intercourse with you? | **Yes**  **Age(s):** | **No** |
| **Did you often or very 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? | **Yes**  **Age(s):** | **No** |
| **Did you often or very often feel that:**   * You didn’t have enough to eat; **OR** * Had to wear dirty clothes; **OR** * 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? | **Yes**  **Age(s):** | **No** |
| **Was a biological parent ever lost to you through divorce, abandonment, or other reason?** | **Yes**  **Age(s):** | **No** |
| **Was your mother or stepmother:**   * Often or very often pushed, grabbed, slapped, or had something thrown at her; **OR** * Sometimes, often, or very 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? | **Yes**  **Age(s):** | **No** |
| **Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?** | **Yes**  **Age(s):** | **No** |
| **Was a household member depressed or mentally ill, or did a household member attempt suicide?** | **Yes**  **Age(s):** | **No** |
| **Did a household member go to prison?** | **Yes**  **Age(s):** | **No** |

**Count the Number of “Yes” Responses for ACEs Score:**

**Additional ACE Questions**

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| **Before your 18th Birthday,** | **Circle Your Answer** | |
| **Did a sibling or non-sibling peer:**   * Assault or physically intimidate you; **OR** * Emotionally victimize you? | **Yes**  **Age(s):** | **No** |
| **Did your parents often or very often argue for periods of time?** | **Yes**  **Age(s):** | **No** |
| **Did you or your family experience robbery, theft, or vandalism?** | **Yes**  **Age(s):** | **No** |
| **Did someone close to you have a:**   * Bad accident; **OR** * Illness? | **Yes**  **Age(s):** | **No** |
| **Did you experience community violence in the form of:**   * Witnessing an assault, battery, theft, or murder; **OR** * Having someone close to you murdered; **OR** * Experiencing a riot or being in a war zone? | **Yes**  **Age(s):** | **No** |
| **Did you have no good friends in your neighborhood or at school?** | **Yes**  **Age(s):** | **No** |
| **Did you receive below-average grades in school?** | **Yes**  **Age(s):** | **No** |
| **Did someone close to you die of an accident or illness?** | **Yes**  **Age(s):** | **No** |
| **Did a parent or contributing household member lose their job causing financial stress?** | **Yes**  **Age(s):** | **No** |
| **Was a parent deployed to a war zone?** | **Yes**  **Age(s):** | **No** |
| **Did you experience a natural disaster, such as a very bad fire, flood, tornado, hurricane, earthquake, or other disaster?** | **Yes**  **Age(s):** | **No** |
| **Were you sent or taken away from your family?** | **Yes**  **Age(s):** | **No** |
| **Were you overweight or very overweight compared to other children your age?** | **Yes**  **Age(s):** | **No** |
| **Did you have a physical or medical disability?** | **Yes**  **Age(s):** | **No** |
| **Were you involved in a bad accident?** | **Yes**  **Age(s):** | **No** |
| **Did you feel unsafe in your neighborhood or school?** | **Yes**  **Age(s):** | **No** |
| **Did you experience homelessness?** | **Yes**  **Age(s):** | **No** |
| **Did you repeat a grade in school?** | **Yes**  **Age(s):** | **No** |
| **Did you feel less masculine or feminine than other boys or girls your age?** | **Yes**  **Age(s):** | **No** |
| **Did you often or very often:**   * Feel different, less than, unaccepted, or judged; **OR** * Victimized because of the color of your skin or your perceived or embodied race or ethnicity? | **Yes**  **Age(s):** | **No** |

**Count the Number of “Yes” Responses for expanded ACEs Score:**