



Susan Thompson, LCSW

10551 Barkley St., Suite 512
Overland Park, KS 66212
Cell (913) 481-4004
shrinkinc1989@gmail.com

www.shrinkincsue.com

Adverse Childhood Experience (ACE) Questionnaire: Finding your ACE Score

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?

or

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

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?

or

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

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?

or

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

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?

or

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

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?

or

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

Yes No

If yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No

If yes, enter 1 _____

7. Did your mother or stepmother or caregiver:

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?

Yes No

If yes, enter 1 _____

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

Yes No

If yes, enter 1 _____

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

Yes No

If yes, enter 1 _____

10. Did a household member go to prison?

Yes No

If yes, enter 1 _____

Now, add up your "Yes" answers: _____

This is your ACE Score