

# Adverse Childhood Experience (ACE) Questionnaire

Client Name: \_\_\_\_\_

Identifier: \_\_\_\_\_

**ages 18 & older**

Date: \_\_\_\_\_

*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?  
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?  
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?  
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?  
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 yes enter 1: \_\_\_\_\_
6. Were your parents ever separated or divorced?  
If yes enter 1: \_\_\_\_\_
7. Was your 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?  
If yes enter 1: \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
If yes enter 1: \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
If yes enter 1: \_\_\_\_\_
10. Did a household member go to prison?  
If yes enter 1: \_\_\_\_\_

**Now add up your "Yes" answers:**

**This is your ACE Score** \_\_\_\_\_

**RESILIENCE Questionnaire**

Client Name: \_\_\_\_\_

Identifier: \_\_\_\_\_

**Please circle the most accurate answer under each statement:**

Date: \_\_\_\_\_

definitely true    probably true    not sure    probably not true    definitely not true

1. I believe that my mother loved me when I was little.
2. I believe that my father loved me when I was little.
3. When I was little, other people helped my mother and father take care of me and
4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
6. When I was a child, neighbors or my friends' parents seemed to like me.
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.
8. Someone in my family cared about how I was doing in school.
9. My family, neighbors and friends talked often about making our lives better.
10. We had rules in our house and were expected to keep them.
11. When I felt really bad, I could almost always find someone I trusted to talk to.
12. As a youth, people noticed that I was capable and could get things done.
13. I was independent and a go-getter.
14. I believed that life is what you make it.

**How many of the 14 were circled "Definitely True" or "Probably True"? \_\_\_\_\_**

**Of these circled, how many are still true for me? \_\_\_\_\_**