



Albany County Crime Victim and Sexual Violence Center  
**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...

a. Swear at you, insult you, put you down, or humiliate you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter 1 \_\_\_\_\_

b. 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...

a. Push, grab, slap, or throw something at you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter 1 \_\_\_\_\_

b. 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...

a. Touch or fondle you or have you touch their body in a sexual way?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter 1 \_\_\_\_\_

b. 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 ...

a. No one in your family loved you or thought you were important or special?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter 1 \_\_\_\_\_

b. 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 ...

a. You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter 1 \_\_\_\_\_

b. 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. Was your mother or stepmother:
- a. Often pushed, grabbed, slapped, or had something thrown at her?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, enter 1 \_\_\_\_\_
- b. Or, Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, enter 1 \_\_\_\_\_
- c. 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 \_\_\_\_\_
- Total: \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.