

6. ACEs Questionnaire 1

Adverse Childhood Experiences (ACEs) Questionnaire

Client Full Name:

Client ID Number:

Date of Assessment:

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very 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

2. 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

No

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

Attempt or actually have oral or anal intercourse with you?

Yes

No

4. 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

No

5. Did you often or very 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

6. Was a biological parent ever lost to you through divorced, abandonment, or other reason?

Yes

No

7. 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

No

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

Yes

No

9. Was a household member depressed or mentally ill?

or

Did a household member attempt suicide?

Yes

No

10. Did a household member go to prison?

Yes

No