Activity 1

Adverse Childhood Experiences (ACEs) Questionnaire

Objective:
• Self-knowledge is the first step toward recognizing the effects of ACEs on a personal level and realizing the need to develop strategies that help to cope, calm, and heal. The ACEs Questionnaire is a valuable tool widely used to help individuals determine their own personal ACEs score.

Steps:
1. Distribute the questionnaire and pens/pencils to each participant.
2. Briefly explain the purpose of the questionnaire and reassure participants they will not be required to share their results with anyone.
3. Allow time for each participant to complete the questionnaire.
4. Explain how each person may determine their score.
5. Ask the following questions for quiet reflection:
   o Did you realize anything that you were not expecting?
   o Are you surprised at your final score?
   o Do you believe your own ACEs score influences your level of personal well-being?
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. 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?
   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