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Adverse Childhood Experience (ACE) Questionnaire

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning.

ACEs should not be seen as someone's destiny, awareness is key to finding help and support. There is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life including therapeutic counselling, play and creative arts therapy.

Finding your ACE Score

Please note; this questionnaire is not intended to pass judgment in any way it is merely a

tool to aid understanding of possible underlying issues/causes of behaviour and/or

physical symptoms.

While they were growing up, during the first 18 years of life:

1. Did a parent or other adult in the household often		
Swear at them, insult them, put them down, or humiliate them?		
or		
Act in a way that made them afraid that they 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 your child?		
or		
Ever hit them so hard that they had marks or were injured?		
Yes No	If yes enter 1	
3. Did an adult or person at least 5 years older than them ever		
Touch or fondle them or have them touch their body in a sexual	way?	
or		
Try to or actually have oral, anal, or vaginal sex with them?		
Yes No	If yes enter 1	

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Finding your ACE Score continued..

4.	Did they often feel that No one in the family loved them or thought or	
	Their family didn't look out for each other, Yes No	feel close to each other, or support each other? If yes enter 1
5.	 Did they often feel that They didn't have enough to eat, had to wear dirty clothes, and had no one to protect them? or Their parents were too drunk or high to take care of them or take them to the doctor if they needed it Yes No If yes enter 1 	
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6.	Were their parents ever separated or divorced? Yes No	If yes enter 1
 7. Was their 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 they live with anyone who was a problem of Yes No	rinker or alcoholic or who used street drugs? If yes enter 1
9.	Was a household member depressed or mentally Yes No	y ill or did a household member attempt suicide? If yes enter 1
10.	Did a household member go to prison? Yes No	If yes enter 1
	Now add up your "Yes" answer	rs: this is your ACE Score