Rocky Mountain Trauma Recovery Jennifer Sorensen, LCMHC

ACE Study Questions

(Adverse Childhood Experiences ACE)

Client Name:	Date:
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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?

No____If Yes, enter 1____

- 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? 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 Attempt or actually have oral, anal, or vaginal intercourse with you?

No____If Yes, enter 1 ____

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?

No____If Yes, enter 1 ____

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?

No___If Yes, enter 1___

6. Were your parents ever separated or divorced?

No____If Yes, enter 1___

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?

No____If Yes, enter 1____

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

No____If Yes, enter 1____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No____If Yes, enter 1____

10. Did a household member go to prison?

No___If Yes, enter 1___

Now add up your "Yes" answers: ____ This is your ACE Score