Client Name:	Client ID#:	Date:
	ood Experience (AC	
	Finding your ACE Score	
While you were growing up, during	g your first 18 years of life	•
. Did a parent or other adult in the l Swear at you, insult you, put or		ou?
Act in a way that made you a hurt? Yes No	afraid that you might be ph	ysically If yes enter 1
Did a parent or other adult in the Push, grab, slap, or throw something		
Ever hit you so hard that you be Yes No	ad marks or were injured?	If yes enter 1
Did an adult or person at least 5 ye. Touch or fondle you or have you t	2	I way?
Try to or actually have oral. Yes No	, anal, or vaginal sex with	you? If yes enter 1
. Did you often feel that No one in your family loved	you or thought you were i	mportant or special?
Your family didn't look out for ther? Yes No	for each other, feel close to	each other, or support each If yes enter 1
. Did you often feel that You didn't have enough to e	at, had to wear dirty clothe	es, and had no one to protect you?
Your parents were too drunk it? Yes No	c or high to take care of you	or take you to the doctor if you needed If yes enter 1
. Were your parents ever separated Yes No	or divorced?	If yes enter 1
. Was your mother or stepmother: Often pushed, grabbed, slap	ped, or had something thro	own at her?
Sometimes or often kicked,	bitten, hit with a fist, or hi	t with something hard?
Ever repeatedly hit over at leknife? Yes No	east a few minutes or threa	If yes enter 1
Did you live with anyone who wa Yes No	as a problem drinker or alco	oholic or who used street drugs? If yes enter 1
. Was a household member depress Yes No	sed or mentally ill or did a	household member attempt suicide? If yes enter 1
0. Did a household member go to p	orison?	If yes enter 1
	answers: T	his is your ACE Score