



Activity 1.1

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:
 - Did you realize anything that you were not expecting?
 - Are you surprised at your final score?
 - Do you believe your own ACEs score influences your level of personal well-being?



HANDOUT Activity 1.1

Adverse Childhood Experiences (ACEs) Questionnaire

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** act in a way that made you afraid 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 did not 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 did not 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, slapped, or had something thrown at her **or sometimes/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 ACEs Score.