



## Adverse Childhood Experience (ACE)

*70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's 223.4 million people!*

### What is an ACE Score & Why Does it Matter?

The **Adverse Childhood Experience** questionnaire is based off an original study by the CDC and Kaiser Permanente with 17,000 subjects published in 1998. After two decades of continued research this assessment is still the primary tool in understanding the impact of early childhood trauma.

## The Staggering Effects of Unhealed TRAUMA

Men with six or more ACEs were 46 times more likely to have injected drugs than men with no history of adverse childhood experiences

46x

Approximately 5 million children are exposed to domestic violence every year. Children exposed are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.

5M

70%

An estimated 70 percent of adults in the United States have experienced a traumatic event at least once in their lives and up to 20 percent of these people go on to develop posttraumatic stress disorder, or PTSD.

90%

90 percent of clients in public behavioral health care settings have experienced trauma.

# Questionnaire Finding your ACE Score ra hbr 10 24 06

**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. Did your mother or stepmother:**

**Experience being 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**