Adverse Childhood Experience Questionnaire for Adults (Felitti, 1998)

|  |
| --- |
| **Instructions:** Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom. |
| 1. Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you? |  |
| 2. Did you lose a parent through divorce, abandonment, death, or other reason? |  |
| 3. Did you live with anyone who was depressed, mentally ill, or attempted suicide? |  |
| 4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs? |  |
| 5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other? |  |
| 6. Did you live with anyone who went to jail or prison? |  |
| 7. Did a parent or adult in your home ever swear at you, insult you, or put you down? |  |
| 8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? |  |
| 9. Did you feel that no one in your family loved you or thought you were special? |  |
| 10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)? |  |
| **Your ACE score is the total number of checked responses** |  |

Do you believe that these experiences have affected your health? **Not Much Some ** **A Lot**

Experiences in childhood are just one part of a person’s life story.

There are many ways to heal throughout one’s life.