## Adverse Childhood Experiences (ACEs) Questionnaire

Prior to your 18th birthday:

1.	Swear at you, insult you	ult in the household often or very often , put you down, or humiliate you? or you afraid that you might be physically hurt?  No	
2.	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?  Yes  No		
3.	Touch or fondle you or	t least 5 years older than you ever have you touch their body in a sexual way? or e oral or anal intercourse with you?  No	
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?  Yes  No		
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?  Yes  No		
6.	Was a biological parent  Yes	ever lost to you through divorced, abandonment, or other reason?  No	
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?  Yes  No		
8.	Did you live with anyon  Yes	who was a problem drinker or alcoholic or who used street drugs?	

9.	Was a household member depressed or mentally ill? or Did a household member attempt suicide?		
	○ Yes	○ No	
10.	Did a household member O	er go to prison?	