



## The Adverse Childhood Experiences Study (ACE Study)

**First Name only** \_\_\_\_\_

This is a research study conducted by the American Health Maintenance Organization (HMO) Kaiser Permanente and the US Centres for Disease Control and Prevention. More than 17,000 participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated an association of adverse childhood experiences (ACEs) – also known as childhood trauma) with health and social problems across the lifespan.

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? **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? **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? **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?  
**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? **If yes enter 1** \_\_\_\_\_
6. Were your parents ever separated or divorced? **If yes enter 1** \_\_\_\_\_
7. Was your mother or stepmother: 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?  
**If yes enter 1** \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
**If yes enter 1** \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
**If yes enter 1** \_\_\_\_\_
10. Did a household member go to prison? **If yes enter 1** \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**