

ACE Questionnaire, Expanded [24]¹

Introductions: Read each of the questions and circle the response (“yes” or “No”) that is most correct for you.

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very 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
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. 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
Ever attempt or actually have oral, anal, or vaginal intercourse with you?
Yes 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

¹ The original ACE Study began in 1995. Following the study, a list of ten ACEs were included in the original ACE Questionnaire. Later, additional ACEs have been proposed, e.g., COVID 19. This is the standard ACE questionnaire with those *fourteen* additionally proposed ACEs.

Prior to your 18th birthday:

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|---|-----|----|
| 6. Was a biological parent ever lost to you through divorce, abandonment, death, or other reason? | Yes | 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 ever live with anyone who was a problem drinker or alcoholic, or who used street drugs? | Yes | No |
| 9. Was a household member depressed or mentally ill, or did a household member attempt suicide? | Yes | No |
| 10. Did a household member go to prison? | Yes | No |
| 11. Did you ever experience medical trauma: e.g., COVID19, major illness or injury, life-threatening medical problem (e.g., kidney failure, cancer), serious operation or hospitalization? | Yes | No |
| 12. Did you ever experience immigration-related trauma (e.g., separated from a parent or other care giver)? | Yes | No |
| 13. Were you ever exposed to trauma related to war or other armed conflict? | Yes | No |
| 14. Were you ever physically assaulted by a person <i>not</i> in your family? | Yes | No |
| 15. Have you ever experienced being discriminated against, or attacked due to your race, nation of origin, religious beliefs, sexual orientation, or gender identity? | Yes | No |

Prior to your 18th birthday:

- | | | |
|---|-----|----|
| 16. Did you ever experience being betrayed by a parent, stepparent, sibling, or other trusted individual? | Yes | N |
| 17. Were you ever given up for adoption? | Yes | No |
| 18. Were you ever held hostage against your will, or otherwise unable to escape the hostage taker. | Yes | No |
| 19. Were you ever bullied by schoolmates, family members or other individuals? | Yes | No |
| 20. Did you ever experience, first-hand, a natural disaster: e.g., earthquake, tornado, hurricane, volcanic eruption, or tsunami? | Yes | No |
| 21. Have you ever , or do you currently have significant fear regarding a threat to your life brought about by climate change or changes in weather patterns where you live? | Yes | No |
| 22. Have you ever been diagnosed with a terminal disease or condition (E.g., cancer, inoperable tumor, etc.) by a competent medical professional? | Yes | No |
| 23. Did you often or very often have to move from one “home” to another? | Yes | No |
| 24. Were you ever present during community violence: e.g., riot, or gang violence? | | |
| or | | |
| Have you experienced an act of terrorism: e.g., being within visual or hearing distance of an explosion or fire caused by someone with intent to create terror. | Yes | No |

(Proceed to next page for scoring procedure.)

Now count your “Yes” responses -- This is your “ACE Score”²

My ACE Score is: _____ **Date:** _____

Name: _____

For more information regarding the ACE Study
or the meaning of *your* ACE Score, contact:

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² Scores of 4 or more ACEs on the original 10 item questionnaire are consider “high” and have been correlated with numerous emotional, physical, health and medically related outcomes. With the current “expanded” questionnaire, score will require additional consideration. Scores yielding “Yes” responses of 40% or higher of the expanded total number of items may be considered to be approximately equivalent to the total of “4 or more” on the original version.