Crittenton Children's Center
SAINT LUKE'S HEALTH SYSTEM

Crittenton Children's Center ACE Questionnaire

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 ☐	If yes, enter 1 _____
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 ☐	If yes, enter 1 _____
3.	Did an adult or person at least 5 years older than you ever fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?	YES ☐	NO ☐	If yes, enter 1 _____
4.	Did you often or very often feel that no one in your family loved you or thought you were important or special? 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 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 ☐	If yes, enter 1 _____
6.	Were your parents ever separated or divorced?	YES ☐	NO ☐	If yes, enter 1 _____
7.	Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Kicked, bitten, hit with a fist or hit with something hard? Every hit repeatedly, 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 _____
11.	Did you often or very often feel bullied by another child or classmate?	YES ☐	NO ☐	If yes, enter 1 _____
12.	Were you ever in foster care or separated from your parent/caregiver for an extended period of time?	YES ☐	NO ☐	If yes, enter 1 _____
13.	Did you often or very often see or hear about someone being hurt, threatened with physical violence, or attacked in your home or neighborhood?	YES ☐	NO ☐	If yes, enter 1 _____
14.	Did you often or very often feel unsafe in your neighborhood? Did you feel people didn't look out for each other, stand up for each other, or could not trust one another?	YES ☐	NO ☐	If yes, enter 1 _____

ACE Score: _____