ACE QUESTIONAIRE

1. Were your parents or guardians separated or divorced?
2. Did your parents or guardians ever serve time in jail or prison?
3. Was a household member depressed, mentally ill, or attempt suicide?
4. Did you ever witness household members hurt or threaten to hurt each other?
5. Did a household member swear at, insult, humiliate, or put you down in a way that scared you OR did a household member act in a way that may you feel afraid that you may be physically hurt?
6. Did someone ever touch your private parts or ask you to touch their private parts in a sexual way?
7. More than once, did you go without food, clothing, or a place to live, or had no one to protect you?
8. Did someone ever push, grab, slap of throw something at you OR were you hit so hard that you were injured or had marks left on you?
9. Did you live with someone who had a problem with drinking or using drugs?
10. Did you often feel unsupported, unloved or unprotected?

WERE YOU:

* In foster care
* Harrassed or bullied at school
* Lived with a parent or guardian that died
* Separated from parent or guardian through deportation or immigration
* Had a serious medical condition or life threatening illness
* Saw or heard violence in the neighborhood or school neighborhood
* Often treated badly because of race, sexual orientation, place of birth, disability or religion

**SOURCE: *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity***

 **Nadine Burke Harris, MD (2018)**