COASTAL BEHAVIORAL HEALTHCARE, INC.

Adverse Childhood Experience (ACE) Self-Assessment

Client Name: _____ ID#_____ Date: _____

1.	Did a parent or other adult in the household **often** swear at you, insult you, put you down, or humiliate you?	YES	NO
2.	Did a parent or other adult in the household act in a way that made you afraid that you might be physically hurt?	YES	NO
3.	Did a parent or other adult in the household **often** push, grab, slap, or throw something at you?	YES	NO
4.	Did a parent or other adult in the household **ever** hit you so hard that you had marks or were injured?	YES	NO
5.	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?	YES	NO
6.	Did an adult or a person at least 5 years older than you **ever** try to have oral, anal, or vaginal sex with you?	YES	NO
7.	Did you **often** feel that no one in your family loved you or thought you were important or special?	YES	NO
8.	Did you **often** feel that your family didn't look out for each other, feel close to each other, or support each other?	YES	NO
9.	Did you **often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	YES	NO
10.	Did you **often** feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	YES	NO
11.	Were your parents **ever** separated or divorced?	YES	NO
12.	Was your mother or stepmother **often** pushed, grabbed, slapped, or had something thrown at her?	YES	NO
13.	Was your mother or stepmother **sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?	YES	NO
14.	Was your mother or stepmother **ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?	YES	NO
15.	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	YES	NO
16.	Was a household member depressed or mentally ill or did a household member attempt suicide?	YES	NO
17.	Did a household member go to prison?	YES	NO

_____ _____

Client Signature Date