

ACE Questionnaire

Background

The ACE Questionnaire was first used to collect personal history information from over 17,000 people seeking healthcare in Southern California between 1995 and 1997. The ACE Study, a collaboration between the U.S. Centers for Disease Control and Prevention (CDC) and Kaiser-Permanente led by Dr. Vincent Felitti, was first published in 1998. Initially, the ACE Questionnaire included 7 items; emotional and physical neglect and parental separation were added in round 2 of data collection.

Since 1998, the ACE Questionnaire has been extensively used, expanded, adapted, and translated to gather information on childhood adversity and trauma in various research and practice settings.

The ACE score can help identify whether a person may be at greater risk for health challenges, with higher ACE scores leading to greater risk. However, ACEs do not define a person's future. With strong relationships, support, and access to care, many negative outcomes can be reduced or prevented.

The ACE Questionnaire assesses how many **adverse childhood experiences (ACEs)** a person endured prior to the age of 18 years. The number of "Yes" answers is a person's ACE score.

ACEs include 10 subtypes of adversity divided among 3 categories.

Abuse is assessed in items 1 to 3:

1. Emotional abuse
2. Physical abuse
3. Sexual abuse

Neglect is assessed in items 4 and 5:

4. Emotional neglect
5. Physical neglect

Household dysfunction is assessed in items 6 to 10:

6. Parental separation
7. Witnessed domestic violence
8. Household member substance use
9. Household member mental illness
10. Household member incarceration

In line with trauma-informed practices, people should always be given the *choice* to complete the ACE Questionnaire. They can decide whether to answer or skip each question. Providing information about resources is also essential, so individuals know where to turn if they need support.



aceshub.org



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