

## Finding Your D/A-ACE Score – another face of Adverse Childhood Experiences

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...  
Require perfection or extremely high achievement and if you fell short, express major disappointment, insult you, put you down, scorn or humiliate you?  
**or**  
Actively reject you emotionally or make you afraid that you might be rejected?  
  
Do harshly critical voices, learned from these experiences, continue to attack you from within?  
Yes No If yes enter 1 \_\_\_\_\_
  
2. Did a parent or other adult in the household **often or very often**...  
Punish you by isolation, with time-outs alone longer than you could tolerate?  
**or**  
Refuse to speak to you for significant periods of time  
Yes No If yes enter 1 \_\_\_\_\_
  
3. Did an adult or person at least 5 years older than you **ever**...  
Recoil from or shame you for innocent expressions of your sexuality as a young child  
**or**  
Make harsh disapproving comments or evince disgust or excessive interest in your developing body or gender in ways that made you feel ashamed?  
Yes No If yes enter 1 \_\_\_\_\_
  
4. Did you **often or very often** feel that ...  
No one in your family loved you, understood you or thought your particular unique qualities were important, special or fit in your family? That you were not being seen/invisible?  
**or**  
Your family looked out for each other, felt close to each other, or supported each other only when certain criteria were met?  
Yes No If yes enter 1 \_\_\_\_\_
  
5. Did you **often or very often** feel that ...  
a parent was very focused on your weight, appearance or diet. Were there battles of wills over food?  
**or**  
Your parent(s) were anxious about your health, frequently took you to the doctor for antibiotics, allergies, asthma or eczema, stomach aches, bowel problems, headaches, etc.  
**or**  
your parent(s) couldn't let you go explore the world even when it seemed safe and appropriate  
**or**  
a parent needed your accomplishments for their sense of self-worth.  
  
Yes No If yes enter 1 \_\_\_\_\_
  
6. Were your parents staying together in an atmosphere of tension, resentment, bitterness over an extended period of time without resolution?  
Yes No If yes enter 1 \_\_\_\_\_
  
7. Was one or both of your parents:  
**Often or very often** humiliated, treated with contempt/disrespect, coldness or indifference by the other parent/stepparent?  
**or**  
**Sometimes, often, very often** experienced as being powerless in relationship with his/her spouse  
**or**

**Ever** threatened with or experienced divorce, loss of their children, loss of ‘privileges’ or access to transportation or financial resources?

Yes No

If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a workaholic or addicted to food, shopping, sex, the internet, video games, gambling, extreme sports?

Yes No

If yes enter 1 \_\_\_\_\_

If yes, please list the first initial of the person and their relationship to you on the back of this form.

9. Was a household member, especially a parent, confusingly erratic in their behavior toward you?

Did you spend a lot of time trying to figure out how to please them \_\_\_\_\_ or avoid them? \_\_\_\_\_

Yes No

If yes enter 1 \_\_\_\_\_

10. Did a household member(s) go to a major Ivy League college, hold high public office, military rank or powerful private sector position like CEO? Was this high level of achievement expected?

Yes No

**and/or**

Was/were any member(s) of your family immigrant(s) who worked incredibly hard to succeed here?

Yes No

If yes enter 1 \_\_\_\_\_

11. Did family members expect loyalty and self-sacrifice of your individual hopes, plans and dreams for the good of the family as a matter of course without recognition, appreciation or reciprocity?

**or**

Were you the parent in the family?

Yes No

If yes enter 1 \_\_\_\_\_

12. When your mother was pregnant with you or soon after, were there any catastrophic events occurring for her, your family or the larger world in which your family lived.

Yes No

If yes enter 1 \_\_\_\_\_

13. Did parents, grandparents or any close relatives flee or suffer political or other repression?

Yes No

If yes enter 1 \_\_\_\_\_

14. Is there any other kind of adverse experience, not described here, that you feel has had a profound influence on your life?

Please create your own question, as it seems true for you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Now add up your “Yes” answers: \_\_\_\_\_**

**This is your D/A-ACE score. (D: Developmental, A: Attachment).**

Some childhood adverse experiences are major and obvious; they are included in the primary ACE score calculator.

Other childhood experiences are less obvious and more subtle, often occurring before our memories can store them in conscious awareness. Nevertheless these experiences can also have a profound impact on our nervous system’s capacity to feel safe and to self-regulate. Therefore it is important to take them into account as well.