**Finding Your ACE Score**

**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**…
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**…
Touch or 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?
**or**
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?
**or**
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
**or**
**Ever** repeatedly hit at least a few minutes 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 _____

**Now add up your "Yes" answers: _____**

This is your ACE Score