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?
     - Yes   No   If yes enter 1   ________
   - 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?
     - Yes   No   If yes enter 1   ________
   - **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?
     - Yes   No   If yes enter 1   ________
   - 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?
     - Yes   No   If yes enter 1   ________
   - 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?
     - Yes   No   If yes enter 1   ________
   - 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?
     - Yes   No   If yes enter 1   ________
   - Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
     - Yes   No   If yes enter 1   ________
   - **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.**