What’s My ACE Score?

Prior to your 18th birthday:

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?
   - 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?
   - **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?
   - 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?
   - 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?
   - 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. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?
   - 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?
   - **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
   - **Ever** repeatedly hit over 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