

Finding My ACE Score?

<u>Prior to your 18 th birthday</u> :	
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 t Yes No	to the doctor if you needed it? If yes enter 1
6. Was a biological parent ever lost to you through divorced, abandonment, of Yes No	or other reason ? 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 or	with something hard?
Ever repeatedly hit over at least a few minutes or threatened with a	_
Yes No	If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic or who u	used street drugs? If yes enter 1
9. Was a household member depressed or mentally ill or did a household me Yes No	mber attempt suicide? 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