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?
   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. 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?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
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