



Finding Your ACE Score

CAUTION: Please be aware traumatic adverse childhood events are listed below. They may be a trigger to some. This form is *optional*.

While you were growing up, during your first 18 years of life:

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?
If yes, enter 1 _____

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?
If yes, enter 1 _____

Did an adult 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?
If yes, enter 1 _____

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?
If yes, enter 1 _____

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?
If yes, enter 1 _____

Were your parents ever separated or divorced?
If yes, enter 1 _____

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?
If yes, enter 1 _____

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
If yes, enter 1 _____

Was a household member depressed or mentally ill, or did a household member attempt suicide?
If yes, enter 1 _____

Did a household member go to prison?
If yes, enter 1 _____

Total "yes" answers _____