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? or	
Act in a way that made you afraid that you might be physic Yes No	ally hurt? If yes enter 1
2. Did a parent or other adult in the household often or very ofter Push, grab, slap, or throw something at you? or	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? or	
Attempt or actually have oral, anal, or vaginal intercourse v Yes No	vith you? 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 Yes No	h other, or support each other? 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 it?	take you to the doctor if you needed
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? or	
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	
Ever repeatedly hit at least a few minutes or threatened wi Yes No	th a gun or knife? If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic Yes No	c or who used street drugs? If yes enter 1
9. Was a household member depressed or mentally ill, or did a ho Yes No	usehold member 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 y	our ACE Score.