Finding Your ACE Score

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

1. Did a		adult in the household often or very often sult you, put you down, or humiliate you? or		
	Act in a way that	made you afraid that you might be physically hurt?		
	Yes	No I	f yes enter 1	
2. Did a	•	adult in the household often or very often or throw something at you?		
	Ever hit you so h	or ard that you had marks or were injured?		
	Yes	No	If yes enter 1	
3. Did a	•	at least 5 years older than you ever you or have you touch their body in a sexual way?		
	Attempt or actua	ally have oral, anal, or vaginal intercourse with you?		
	Yes	No	If yes enter 1	
4. Did y	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 y	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. 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?				
	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?		
	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 ad	d up vour "Yes" a	nswers: This is your ACF Score.		