## **Finding Your ACE Score**

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

<ol> <li>Did a parent or other adult in the household often or very</li> </ol>	very often
Swear at you, insult you, put you down, or humilia	ate you?
Act in a way that made you afraid that you might lead to the Yes No	be physically hurt?  If yes enter 1
2. Did a parent or other adult in the household <b>often or v</b> Push, grab, slap, or throw something at you?	very often
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 <b>or</b>	in a sexual way?
Attempt or actually have oral, anal, or vaginal inte	ercourse with you? If yes enter 1
4. Did you often or very often feel that No one in your family loved you or thought you we or	ere important or special?
Your family didn't look out for each other, feel close or support each other? Yes No	se to 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 of or	clothes, and had no one to protect you
Your parents were too drunk or high to take care take you to the doctor if you needed it?	of you or
Yes No	If yes enter 1
<b>6.</b> Were your parents <b>ever</b> separated or divorced?	
Yes No	If yes enter 1
7. Was your mother or stepmother: Often or very often something thrown at her? or	pushed, grabbed, slapped, or had
Sometimes, often, or very often kicked, bitten, hit with	a fist, or hit with something hard?
<b>Ever</b> 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 o	·
or who used street drugs? Yes No	If yes enter 1
9. Was a household member depressed or mentally ill, o household member attempt suicide? Yes No	r did a  If yes enter 1
<b>10.</b> Did a household member go to prison? Yes No	o If yes enter 1
Now add up your "Yes" answers:	This is your ACE Score.