Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

While you were growing up, during y	our first 18 years of life:	
1. Did a parent or other adult in the hous Swear at you, insult you, put yo or		
-	tid that you might be physically hurt? If yes enter 1	
2. Did a parent or other adult in the hous Push, grab, slap, or throw some or		
Ever hit you so hard that you have been been been been been been been be	ad marks or were injured? If yes enter 1	
3. Did an adult or person at least 5 years Touch or fondle you or have yo or	s older than you ever u touch their body in a sexual way?	
Try to or actually have oral, and Yes No	I, or vaginal sex with you? If yes enter 1	
4. Did you often feel that No one in your family loved you or	u or thought you were important or special?	
	each other, feel close to each other, or support each other? If yes enter 1	
5. Did you often feel that You didn't have enough to eat, or	had to wear dirty clothes, and had no one to protect you?	
_	high to take care of you or take you to the doctor if you neede If yes enter 1	ed it?
6. Were your parents ever separated or or Yes No	divorced? If yes enter 1	
7. Was your mother or stepmother: Often pushed, grabbed, slapped or	l, or had something thrown at her?	
-	ten, hit with a fist, or hit with something hard?	
	t a few minutes or threatened with a gun or knife? If yes enter 1	
8. Did you live with anyone who was a Yes No	problem drinker or alcoholic or who used street drugs? If yes enter 1	
9. Was a household member depressed of Yes No	or mentally ill or did a household member attempt suicide? If yes enter 1	
10. Did a household member go to priso Yes No	on? If yes enter 1	
Now add up your "Yes" an		