Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

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

Now add up you	ır "Yes" answers:	This is your ACE Score	
10. Did a household member Ye	er go to prison? s No	If yes enter 1	
Ye	er depressed or mentally ill or dies No	d a household member attempt If yes enter 1	
	e who was a problem drinker or s No		ugs?
Ever repeatedly hit	t over at least a few minutes or tes No	hreatened with a gun or knife? If yes enter 1	
Sometimes or ofte or	n kicked, bitten, hit with a fist,	or hit with something hard?	
7. Was your mother or step Often pushed, grab	mother: bbed, slapped, or had something	thrown at her?	
6. Were your parents ever s Ye	separated or divorced? s No	If yes enter 1	
	too drunk or high to take care o	TC 4 1	if you needed it
5. Did you often feel that You didn't have en or	ough to eat, had to wear dirty c	othes, and had no one to protect	et you?
	look out for each other, feel closs No	se to each other, or support eac If yes enter 1	h other?
•	 nily loved you or thought you w	ere important or special?	
	ave oral, anal, or vaginal sex was No	Ith you? If yes enter 1	
Touch or fondle yo	least 5 years older than you evo or have you touch their body		
•	rd that you had marks or were in s No	ijured? If yes enter 1	
Push, grab, slap, or	alt in the household often throw something at you?		
	nade you afraid that you might bes No	e physically hurt? If yes enter 1	
	It in the household often t you, put you down, or humilia	te you?	