Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

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

Now add up your "Yes" answers:	_ This is your ACE Score
10. Did a household member go to prison? Yes No	If yes enter 1
9. Was a household member depressed or mentally ill or d Yes No	id a household member attempt suicide? If yes enter 1
8. Did you live with anyone who was a problem drinker of Yes No	alcoholic or who used street drugs? If yes enter 1
Ever repeatedly hit over at least a few minutes or Yes No	threatened with a gun or knife? If yes enter 1
Sometimes or often kicked, bitten, hit with a fist, or	or hit with something hard?
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something	g thrown at her?
6. Were your parents ever separated or divorced? Yes No	If yes enter 1
Your parents were too drunk or high to take care of Yes No	of you or take you to the doctor if you needed it If yes enter 1
 Did you 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 family didn't look out for each other, feel clo	ose to each other, or support each other? If yes enter 1
4. Did you often feel that No one in your family loved you or thought you w	vere important or special?
Try to or actually have oral, anal, or vaginal sex w Yes No	rith you? If yes enter 1
3. Did an adult or person at least 5 years older than you ev Touch or fondle you or have you touch their body	
Ever hit you so hard that you had marks or were i Yes No	njured? If yes enter 1
2. Did a parent or other adult in the household often Push, grab, slap, or throw something at you?	
Act in a way that made you afraid that you might Yes No	be physically hurt? If yes enter 1
 Did a parent or other adult in the household often Swear at you, insult you, put you down, or humilia or 	ate you?