## What's My ACE Score?

## Prior to your 18th birthday: Did a parent or other adult in the household often or very often

| Now add up y              | our "Yes" answers: This is y   | our ACE Score  |
|---------------------------|--|--|
| 10. Did a household mem   | nber go to prison?<br>Yes No   | If yes enter 1   |
|                           | ber depressed or mentally ill or did a househo<br>Yes No   | old member attempt suicide?  If yes enter 1            |
| -                         | one who was a problem drinker or alcoholic or<br>Yes No  | r who used street drugs?  If yes enter 1               |
| Ever repeatedly           | hit over at least a few minutes or threatened w<br>Yes No  | vith a gun or knife?  If yes enter 1                   |
| •                         | n, or very often kicked, bitten, hit with a fist, or   | or hit with something hard?                            |
| •                         | eten pushed, grabbed, slapped, or had something  | ng thrown at her?                                      |
| 7. Was your mother or sto | -  | ng thuayyn at hau?                                     |
|                           | nt <b>ever</b> lost to you through divorced, abandonr<br>Yes No  | ment, or other reason?  If yes enter 1                 |
|                           | re too drunk or high to take care of you or take<br>Yes No   | e you to the doctor if you needed it<br>If yes enter 1 |
|                           | often feel that enough to eat, had to wear dirty clothes, and hor  | nad no one to protect you?                             |
|                           | 't look out for each other, feel close to each o<br>Yes No   | other, or support each other?  If yes enter 1          |
| •                         | <b>often</b> feel that<br>amily loved you or thought you were importan   | nt or special?   |
|                           | Yes No   | If yes enter 1   |
| Touch or fondle           | at least 5 years older than you <b>ever</b><br>you or have you touch their body in a sexual vor<br><b>or</b><br>lly have oral, anal, or vaginal intercourse with | •  |
|                           | nard that you had marks or were injured?<br>Yes No   | If yes enter 1   |
| Push, grab, slap,         | dult in the household <b>often or very often</b> or throw something at you?  |  |
| •                         | made you afraid that you might be physically<br>Yes No   | whurt?  If yes enter 1                                 |
| Swear at you, ins         | sult you, put you down, or humiliate you?  |  |