## 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 you	ır "Yes" answers:	This is your ACE Score	
10. Did a household member Ye	er go to prison?	If yes enter 1	
Ye	er depressed or mentally ill or did es No	a household member attempt If yes enter 1	
	e who was a problem drinker or a so. No.		ugs?
Ever repeatedly hit	t over at least a few minutes or the No	reatened with a gun or knife?  If yes enter 1	
Sometimes or ofte or	<b>n</b> kicked, bitten, hit with a fist, o	r hit with something hard?	
7. Was your mother or steps Often pushed, grab	mother: obed, slapped, or had something t	hrown at her?	
	s No	If yes enter 1	
	too drunk or high to take care of s No	TC 4 1	if you needed it
5. Did you <b>often</b> feel that You didn't have en <b>or</b>	ough to eat, had to wear dirty clo	othes, and had no one to protec	et you?
	look out for each other, feel clos	e to each other, or support each If yes enter 1	h other?
•	 nily loved you or thought you we	re important or special?	
	ave oral, anal, or vaginal sex wit	h you?  If yes enter 1	
Touch or fondle yo	least 5 years older than you <b>ever</b> or have you touch their body in		
•	rd that you had marks or were inj	ured?  If yes enter 1	
Push, grab, slap, or	alt in the household <b>often</b> throw something at you?		
	nade you afraid that you might be s No	physically hurt?  If yes enter 1	
	It in the household <b>often</b> t you, put you down, or humiliate	e you?	