

## What's My ACES Score?

### ***Prior to your 18<sup>th</sup> birthday...***

1. Did a parent or other adult in the household **often or very often**...

a. Swear at you, insult you, put you down or humiliate you?

**OR**

b. Act in a way that made you afraid that you might be physically hurt?

Yes No If yes, enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household **often or very often**...

a. Push, grab, slap, or throw something at you?

**OR**

b. **Ever** hit you so hard that you had marks or were injured?

Yes No If yes, enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you **ever**...

a. Touch or fondle you or have you touch their body in a sexual way?

**OR**

b. Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No If yes, enter 1 \_\_\_\_\_

4. Did you **often or very often** feel that...

a. No one in your family loved you or thought you were important or special?

**OR**

b. Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If yes, enter 1 \_\_\_\_\_

5. Did you **often or very often** feel that...
- a. You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**OR**
  - b. Your parents were too drunk or high to take care of you or take you to the doctor when you needed it?  
Yes No If yes, enter 1 \_\_\_\_\_
6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?  
Yes No If yes, enter 1 \_\_\_\_\_
7. Was your mother or stepmother:
- a. **Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
**OR**
  - b. **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
  - c. **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes, enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic, or used street drugs?  
Yes No If yes, enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes, enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes, enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_**  
**This is your ACE Score**