

ACE Questions

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

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	Yes	No
2. Did a parent or other adult in the household often or very often push, grab, slap or throw something at you? Or ever hit you so hard that you had marks or were injured?	Yes	No
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt to actually have oral, anal or vaginal intercourse with you?	Yes	No
4. Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other or support each other?	Yes	No
5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor in you needed it?	Yes	No
6. Were your parents ever separated or divorced or did one die or abandon the family?	Yes	No
7. Was your mother or stepmother often or very often pushed, grabbed, slapped or had something thrown at her? Or sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard? Or ever repeatedly hit at least a few minutes or threatened with a gun or knife?	Yes	No
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	Yes	No
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	Yes	No
10. Did a household member go to prison?	Yes	No

Add up your "yes" answers to get you ACE score. _____