## **Finding Your ACE Score**

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

|      | Now add up         | your                 | "Yes" answers:   | This is yo            | our ACE Score                       |                    |      |
|------|--------------------|----------------------|--|-----------------------|-------------------------------------|--------------------|------|
| 10.  | Did a household    | memb<br>Yes          | -  |                       | If yes enter 1                      |                    |      |
| 9. W | /as a household ı  | memb<br>Yes          | er depressed or menta<br>No  | ally ill, or did a ho | usehold membe<br>If yes enter 1     | er attempt suicide | e?   |
| 8. D | id you live with a | nyone<br>Yes         | who was a problem do   | rinker or alcoholio   | c or who used st<br>If yes enter 1  | treet drugs?       |      |
|      | ·                  | or                   | at least a few minutes   |                       |                                     | •                  |      |
|      | _                  | or                   | n pushed, grabbed, sla<br>or very often kicked,                      |                       | · ·                                 |                    |      |
| 7. V | /as your mother o  |                      |  | and or had con        | nothing thrown                      | ot har?            |      |
| 6. W | ere your parents   | ever<br>Yes          | separated or divorced <sup>o</sup><br>No                             | ?                     | If yes enter 1                      |                    |      |
|      | it?                | Yes                  | No   |                       | If yes enter 1                      |                    |      |
| 5. D | Your parents       | ve end               | rten feel that<br>ough to eat, had to wea<br>oo drunk or high to tak | •                     |                                     |                    | eded |
| - D  | ·                  | Yes                  |  | feel close to eacl    | n other, or suppo<br>If yes enter 1 | ort each other?    |      |
| 4. D | ·                  | ır fami<br><b>or</b> | ly loved you or though   |                       | •                                   |                    |      |
|      |                    | or                   | or have you touch the<br>have oral, anal, or vag<br>No               | •                     | •                                   |                    |      |
| 3. D |                    |                      | least 5 years older the  |                       | rol wov?                            |                    |      |
|      | _                  | or                   | d that you had marks o   |                       | If yes enter 1                      |                    |      |
| 2. D |                    |                      | ult in the household <b>of</b> t<br>throw something at yo            |                       | 1                                   |                    |      |
|      | ,                  | or                   | ade you afraid that you  | •                     | ally hurt?<br>If yes enter 1        |                    |      |
| 1. D |                    |                      | ult in the household <b>of</b> t<br>you, put you down, or            |                       | 1                                   |                    |      |