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	your "Yes" answers: This is yo	our ACE Score
10. Did a household me	mber go to prison? Yes No	If yes enter 1
9. Was a household mer	mber depressed or mentally ill or did a household Yes No	d member attempt suicide? If yes enter 1
8. Did you live with any	yone who was a problem drinker or alcoholic or v Yes No	who used street drugs? If yes enter 1
Ever repeatedly	hit over at least a few minutes or threatened with Yes No	th a gun or knife? If yes enter 1
Sometimes or o	often kicked, bitten, hit with a fist, or hit with so	mething hard?
7. Was your mother or s Often pushed, §	stepmother: grabbed, slapped, or had something thrown at her or	r?
6. Were your parents ev	er separated or divorced? Yes No	If yes enter 1
Your parents we	ere too drunk or high to take care of you or take Yes No	you to the doctor if you needed it? If yes enter 1
5. Did you often feel that You didn't have	e enough to eat, had to wear dirty clothes, and ha	d no one to protect you?
Your family did	or In't look out for each other, feel close to each oth Yes No	ner, or support each other? If yes enter 1
4. Did you often feel that No one in your	at family loved you or thought you were important	or special?
Try to or actual	or ly have oral, anal, or vaginal sex with you? Yes No	If yes enter 1
	n at least 5 years older than you ever e you or have you touch their body in a sexual wa	ay?
Ever hit you so	hard that you had marks or were injured? Yes No	If yes enter 1
	adult in the household often o, or throw something at you?	
Act in a way tha	at made you afraid that you might be physically l Yes No	hurt? If yes enter 1
	adult in the household often sult you, put you down, or humiliate you? or	