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 or 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 if you needed it?  
   Yes  
   No

6. Were your parents **ever** separated or divorced?  
   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

**Now add up your “Yes” answers: ____ This is your ACE Score.**