Prior to your 18th birthday:

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?

   No___If Yes, enter 1 __

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?

   No___If Yes, enter 1 __

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?

   No___If Yes, enter 1 __

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?

   No___If Yes, enter 1 __

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?

   No___If Yes, enter 1 __

6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?

   No___If Yes, enter 1 __

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 over at least a few minutes or threatened with a gun or knife?

   No___If Yes, enter 1 __

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

   No___If Yes, enter 1 __

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

   No___If Yes, enter 1 __

10. Did a household member go to prison?

    No___If Yes, enter 1 __

Now add up your "Yes" answers: -This is your ACE Score _____