**Finding Your ACE Score**

*The ACE questionnaire is a simple scoring system that attributes one point for each category of adverse childhood experience.*

*The 10 questions below each cover a different domain of trauma, and refer to experiences that occurred prior to the age of 18.*

*Higher scores indicate increased exposure to trauma, which have been associated with a greater risk of negative consequences.*

**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 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?**

**YES/ NO If yes, enter 1 \_\_\_\_\_**

**3. Did an adult or person at least five 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 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?**

**YES/ 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?**

**YES /NO If yes, enter 1 \_\_\_\_\_**

**6. Were your parents everseparated or divorced? YES/ 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 at least a few minutes or**

**threatened with a gun or knife?**

**YES/ NO If yes, enter 1 \_\_\_\_\_**

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

**drugs?**

**YES /NO If yes, enter 1 \_\_\_\_\_**

**9. Was a household member depressed or mentally ill, or did a household member**

**attempt suicide?**

**YES/ NO If yes, enter 1 \_\_\_\_\_**

**10. Did a household member go to prison? YES/ NO If yes, enter 1 \_\_\_\_\_**

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