Name:		Dat	e of Birth:	Date of visit:	
Finding Your ACE Score					
While you were growing up, during your first 18 years of life:					
1. Did	very often S down, or humili	or		ally 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 ma Yes No	arks or were injured?	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 actu		r vaginal intercourse v	with you? 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 did		ther, feel close to eac	h other, or support each other? 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 w you needed it?	ere too drunk or high	to take care of you or	take you to the doctor if	
	-	Yes No		If yes enter 1	
6. We		e <b>ver</b> separated or divo Yes No	prced?	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					
	•	y hit at least a few mir Yes No	nutes or threatened w	ith a gun or knife? If yes enter 1	
8. Did		one who was a problestreet drugs? Yes	em drinker or alcoholi No	c or who used If yes enter 1	
9. Wa		ember depressed or r suicide? Yes No	mentally ill, or did a ho	busehold member attempt If yes enter 1	
10. Di		ember go to prison? Yes No		If yes enter 1	
	Now add up your "Yes" answers:This is your ACE Score.				