Adverse Childhood Experience (ACE) Score



	atien ate	nt Name		
A	ge			
Wh	ile y	you were growing up, during your first 18 years of life:		
1.	Did	a parent or other adult in the household often		
	→ →	Swear at you, insult you, put you down, or humiliate you? 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		
	→ →	Push, grab, slap, or throw something at you? 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 5 years older than you ever		
	\rightarrow \rightarrow	Touch or fondle you or have you touch their body in a sexual way? Try to or actually have oral, anal, or vaginal sex with you?		
		YES NO		
	If	'YES', enter 1 →		
4.	Did	I you often feel that		
	→ →	No one in your family loved you or thought you were important or special Your family didn't look out for each other, feel close to each other, or supp	r?	
	_	YES		

If 'YES', enter 1 →

Now, add up your "YES" answers. This is your ACE Score.

Questionnaires