

ACE 10-Question Survey

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?
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 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 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. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?
Yes No If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or ad 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?
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