**While 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?

**or**

Act in a way that made you afraid that you might be physically hurt?

\_\_ 1 Yes

\_\_ 0 No

1. Did a parent or other adult in the household **often** …

Push, grab, slap, or throw something at you?

**or**

**Ever** hit you so hard that you had marks or were injured?

\_\_ 1 Yes

\_\_ 0 No

1. 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**

Try to or actually have oral, anal, or vaginal sex with you?

\_\_ 1 Yes

\_\_ 0 No

1. Did you **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?

\_\_ 1 Yes

\_\_ 0 No

1. Did you **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?

\_\_ 1 Yes

\_\_ 0 No

1. Were your parents **ever** separated or divorced?

\_\_ 1 Yes

\_\_ 0 No

1. Was your mother or stepmother:

**Often** pushed, grabbed, slapped, or had something thrown at her?

**or**

**Sometimes or 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?

\_\_ 1 Yes

\_\_ 0 No

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

\_\_ 1 Yes

\_\_ 0 No

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

\_\_ 1 Yes

\_\_ 0 No

1. Did a household member go to prison?

\_\_ 1 Yes

\_\_ 0 No

1. **ACE Total Score:** \_\_\_\_\_\_\_\_