While you were growing up, during your first 18 years of life:		
 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 		
-	de you afraid that you might be physi No	cally hurt? If yes enter 1
•	t in the household often or very ofte hrow something at you?	en
-	that you had marks or were injured? No	If yes enter 1
	least 5 years older than you ever or have you touch their body in a sex	rual way?
-	ave oral, anal, or vaginal intercourse No	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		
	k out for each other, feel close to eac No	ch 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		
	o drunk or high to take care of you o	r take you to the doctor if you needed
Yes	No	If yes enter 1
6. Were your parents ever s Yes	•	If yes enter 1
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or		
•	or very often kicked, bitten, hit with a	a fist, or hit with something hard?
•	it least a few minutes or threatened w No	vith a gun or knife? If yes enter 1
8. Did you live with anyone v Yes	who was a problem drinker or alcohol No	lic or who used street drugs? If yes enter 1
9. Was a household membe Yes	r depressed or mentally ill, or did a he	ousehold member attempt suicide? If yes enter 1
10. Did a household membe Yes		If yes enter 1
Now add up your "	Yes" answers: This is y	your ACE Score.