

Find Your ACE Score

Take the ACE Quiz

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?

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?

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

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

Yes No If yes enter 1

4. 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?

Yes No If yes enter 1

5. 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?

Yes No If yes enter 1

6. Were your parents ever separated or divorced?

Yes No If yes enter 1

7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had
something thrown at her?

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?

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

Add up your answers
This is your ACE score.