What’s Your ACE Score?

There are 10 types of childhood trauma measured in the ACE Study, and each type of trauma counts as one. The most important thing to remember is that the ACE score is meant as a guideline. If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

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?
   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?
   No _____ If Yes, enter 1 _____

3. Did an adult or person at least five 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?
   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?
   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?
   No _____ If Yes, enter 1 _____

6. Were your parents ever separated or divorced?
   No _____ If Yes, enter 1 _____

7. Was your mother or stepmother ... Often or very often pushed, grabbed, slapped, or had 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?
   No _____ If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No _____ If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   No _____ If Yes, enter 1 _____

10. Did a household member go to prison?
    No _____ If Yes, enter 1 _____

Now add up your “Yes” answers: _______ is your ACE score.

This instrument and additional resources are available at acestoohigh.com.