Finding Your ACE Score
ADVERSE CHILDHOOD EXPERIENCES

While you were growing up, during your first 18 years of life:

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. Were your parents ever separated or divorced?  
   □ Yes □ No  If yes enter 1

7. Was your mother or steppmother:  
   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 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.

To learn more about the Adverse Childhood Experiences (ACE) Study visit:  
http://www.acesstudy.org/home or http://www.cdc.gov/violenceprevention/acesstudy

Strengthening Families™ Protective Factors Framework. Introduction

Bringing the Protective Factors Framework to Life in Your Work - A Resource for Action

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