

Adverse Childhood Experiences (ACEs)

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:	YES	NO
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?		
2. Did a parent or other adult in the household often or very often:	YES	NO
Push, grab, slap, or throw something at you OR hit you so hard that you had marks or were injured?		
3. Did an adult or person at least 5 years older than you ever:	YES	NO
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?		
4. Did you often or very often feel that:	YES	NO
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?		
5. Did you often or very often feel that:	YES	NO
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?		
6. Was your mother or stepmother or father or stepfather:	YES	NO
Often or very often pushed, grabbed, slapped, or had something thrown at her/him OR sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard OR ever repeatedly hit for at least a few minutes or threatened with a knife or gun?		
7. Were your parents ever separated or divorced?	YES	NO
8. Did you live with anyone who was a problem-drinker or alcoholic or who used street drugs or prescription drugs not as prescribed?	YES	NO
9. Was a household member depressed or mentally ill or did a household member attempt suicide?	YES	NO
10. Did a household member go to prison?	YES	NO