

Adverse Childhood Experiences Quiz

Answer the following questions with "yes" or "no."

The quiz organizes events by category, and the maximum score for any single question is one. If you answer yes to any part of the question, it counts as one "yes." If you answer yes to all parts of the question, it still counts as one "yes."

Before the age of 18:	Yes or No
1. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? Or did they act in a way that made you afraid that you might be physically hurt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did a parent or other adult in the household often push, grab, slap, or throw something at you? Or, did they ever hit you so hard that you had marks or were injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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, did they try to or actually have oral, anal, or vaginal sex with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you often feel that no one in your family loved you or thought you were important or special? Or did you often feel that your family didn't look out for each other, feel close to each other, or support each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 did you often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were your parents ever separated or divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or was she sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or was she ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Was a household member depressed or mentally ill or did a household member attempt suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did a household member go to prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Add up all your “yes” answers for your ACE Score.

[source](#)

Scoring Your Adverse Childhood Experiences

The Center for Disease Control and Prevention (CDC) and Kaiser Permanente conducted a major study on the impact of adverse childhood experiences on a whole host of medical and mental health conditions.

Approximately 64% of people who were part of the original CDC/Kaiser Permanente survey that had at least one ACE.

So if you have one, you’re actually in the majority. Having one, two, or three ACEs is sadly common even in this day and age.

If you have four or more ACEs, that is considered significant; an estimated 12% of the overall population has four or more ACEs.