Person	Person	Person	Place a check or 1 in the column if prior to the 18 <sup>th</sup>
#1	#2	#3	birthday you are aware of the following
			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?
			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?
			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?
			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?
			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?
			6. Were your parents ever separated or divorced?
			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?
			8. Did you live with anyone who was a problem
			drinker or alcoholic, or who used street drugs?
			9. Was a household member depressed or mentally
			ill, or did a household member attempt
			suicide?
			10. Did a household member go to prison?
			Total up the column with the checks or ones to
			find the ACE score (0-10).