





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 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 ever used 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.**