

<https://acestoohigh.com/got-your-ace-score/>

## What's Your ACE Score? (and, at the end, What's Your Resilience Score?)

There are 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.

There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc. The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

### **Prior to your 18th birthday:**

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?

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?

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?

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?

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?

No \_\_\_

If Yes, enter 1 \_\_\_

6. Were your parents ever separated or divorced?

No \_\_\_

If Yes, enter 1 \_\_\_

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?

No \_\_\_

If Yes, enter 1 \_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No \_\_\_

If Yes, enter 1 \_\_\_

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No \_\_\_

If Yes, enter 1 \_\_\_

10. Did a household member go to prison?

No \_\_\_

If Yes, enter 1 \_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_**

**This is your ACE Score**