

## ADVERSE CHILDHOOD EXPERIENCES

*Think about your life when growing up (birth to age 18). Did any of these happen to you?*

		NO	YES
1	Did a parent or adult in your home ever swear at you, insult you, put you down, or humiliate you?	0	1
2	Did a parent or adult in your home ever act in a way that made you afraid you might be physically hurt?	0	1
3	Did a parent or adult in your home ever push, grab, slap, or throw something at you?	0	1
4	Did a parent or adult in your home ever hit you so hard that you had marks or were injured?	0	1
5	Did a parent, or anyone in your home at least 5 years older than you, touch you sexually, make you touch them sexually, or force you to have oral, anal, or vaginal sex?	0	1
6	Did you feel that no one in your family loved you or thought you were important or special?	0	1
7	Did you feel that your family didn't look out for each other, feel close to each other, or support each other?	0	1
8	Did you feel that you didn't have enough to eat, had to wear dirty clothes, and you had no one to protect you?	0	1
9	Were your parents or adults in your home too drunk or high to take you to the doctor if you needed it?	0	1
10	Were your parent ever separated or divorced?	0	1
11	Was either of your parents absent from your life for a long period of time?	0	1
12	Did your parents or adults in your home slap, hit, beat, kick, or physically hurt each other?	0	1
13	Did your parents or adults in your home ever threaten each other with a gun or knife?	0	1
14	Did you live with anyone who was a problem drinker or alcoholic?	0	1
15	Did you live with anyone who used illegal street drugs or who abused prescription medications?	0	1
16	Did you live with anyone who was severely depressed, mentally ill, or suicidal?	0	1
17	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	0	1