



## FINDING YOUR ACES SCORE – BERMUDA EDITION

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Your “**ACEs Score**” is the total number of different types of adverse childhood experiences you answer “**Yes**” to, based on the questions below. If you total only the first ten questions, you will find your “**Traditional ACEs Score.**” If you total all of the questions, made especially for Bermuda, you will find your “**Bermuda Study ACEs Score.**” Each of these scores can be lead to a better understanding of your health and risk factors. For more information, visit [www.tfc.bm](http://www.tfc.bm).

**Answer all questions beginning with phrase “While you were growing up, during your first 18 years of life...”**

**1.** Did a parent or other adult in the household often or very often swear at you, insult you, put you down, humiliate you, or act in a way that made you afraid that you might be physically hurt?

Yes or No

If yes enter | \_\_\_\_\_

**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 and/or were injured?

Yes or No

If yes enter | \_\_\_\_\_

**3.** Did anyone ever touch or fondle you, have you touch their body in a sexual way, or attempt to have or actually have oral/ anal/ vaginal intercourse with you when you did not want them to?

Yes or No

If yes enter | \_\_\_\_\_

**4.** Did you often or very often feel that no one in your family loved you or thought you were important or special or that your family didn’t look out for each other, feel close to each other, or support each other?

Yes or No

If yes enter | \_\_\_\_\_

**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 that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes or No

If yes enter | \_\_\_\_\_

**6.** Were your parents ever separated or divorced?

Yes or No

If yes enter | \_\_\_\_\_

**7.** Was your mother or stepmother often or very often pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, or hit with something hard or was she ever repeatedly hit, threatened with a gun, or threatened with a knife?

Yes or No

If yes enter 1 \_\_\_\_\_

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

Yes or No

If yes enter 1 \_\_\_\_\_

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

Yes or No

If yes enter 1 \_\_\_\_\_

**10.** Did a household member go to prison?

Yes or No

If yes enter 1 \_\_\_\_\_

**11.** Did you often or very often feel that you were teased or discriminated against because of your race?

Yes or No

If yes enter 1 \_\_\_\_\_

**12.** Did you often or very often go without housing, medical attention, food, or other items you needed, because your family could not afford it or did you have to work to provide the basic necessities for your family?

Yes or No

If yes enter 1 \_\_\_\_\_

**13.** Were you ever involved in or witness a bike (motorized, moped, or scooter) accident or car accident leading to serious injury or fatality?

Yes or No

If yes enter 1 \_\_\_\_\_

**Traditional ACEs Score (Total Questions 1 through 10) \_\_\_\_\_**

**Bermuda Study ACEs Score (Total Questions 1 through 13) \_\_\_\_\_**

Visit [www.tfc.bm](http://www.tfc.bm) or Call 232-1116 for more information!



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