

ABUSE ASSESSMENT SCREEN

1) Have you ever been emotionally or physically abused by your partner or someone important to you?

Yes No

If yes by whom? _____

Total number of times _____

2) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

Yes No

If yes by whom? _____

Total number of times _____

3) Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes No

If yes by whom? _____

Total number of times _____

4. Within the last year, has anyone forced you to have sexual activities?

Yes No

If yes by whom? _____

Total number of times _____

5. Are you afraid of your partner or anyone you listed above?

Yes No

MARK THE AREA OF INJURY ON A BODY MAP AND SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

If any of the descriptions for the higher number apply, use the higher number.

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts, and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon

