

## 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
  
3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?  
 YES     NO     N/A
  
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

