

Abuse Assessment Screen

Instructions: Circle Yes or No for each question

1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times _____

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

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times _____

Mark the area of injury on the body map. Score each incident according to the following scale:

SCORE

1 = Threats of abuse including use of weapon _____

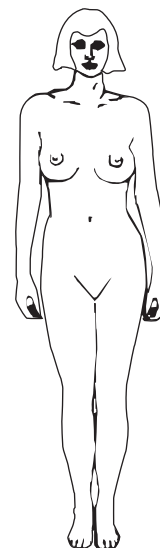
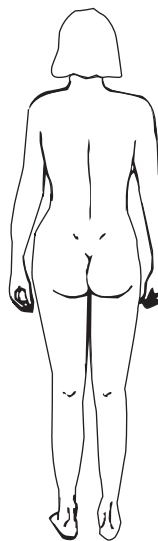
2 = Slapping, pushing; no injuries and/or lasting pain _____

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 _____



4. Within the last year, has anyone forced you to have sexual activities? YES NO
If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

Total no. of times _____

5. Are you afraid of your partner or anyone you listed above? YES NO

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