

6. Have you ever been made to feel like you are not capable of making decisions? Tell me about it. Circle key words:

Treats me like a servant Men make all the BIG decisions

Acts like, "Master of the Castle"

7. Have you ever been intimidated? Tell me about it. Circle key words: (Put me in FEAR by:)

Looks

Loud voices

Smashing things

Destroying our property or mine

8. Have you ever been kept isolated? Tell me about it. Circle key words:

Controls: who I see, what I d, who I talk with, where I go.

Questions: who I talk to, where I've been / I have to lie to him.

9. Have you ever been physically abused? Tell me about it. Circle key words:

Pushed, shoved, hit, slapped, choked, pulled hair, punched, kicked, grabbed, used a weapon against me, beaten, thrown me down on floor, twisted my arm, tripped me, bitten me.

10. Did you grow up in a home with family violence? Tell me about it.

Circle all that apply:

1. Was it a violent incident?

First time _____ Repeated _____

2. Did violence occur in the last

Week Month 6 months Year _____ ago

3. Do you feel you are in danger now?

Yes No

4. Have you received medical attention?

Not necessary Yes No When _____

Where ? _____

5. Have you left the abuser before?

Yes No

6. Are you living with the abuser now?

Yes No

7. Present emotional condition:

Good Fair Poor

8. Is there an alcohol abuse problem in this relationship?

Yes No

9. Is there a drug abuse problem in this relationship?

Yes No

10. Have the police / sheriff been involved in the history of your family violence?

Yes No

11. Do you feel powerless / frustrated with agency help?

Yes No

12. Do you have difficulty in finishing a goal?

Yes No

13. Have you lost a job due to family violence or stalking?

Yes No

14. Has the abuser stalked you at work?

Yes No

15. Has the abuser stalked you in the community?

Yes No