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