

Abuse Assessment Screen (A.A.S.)

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 ever 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 # of times: _____

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

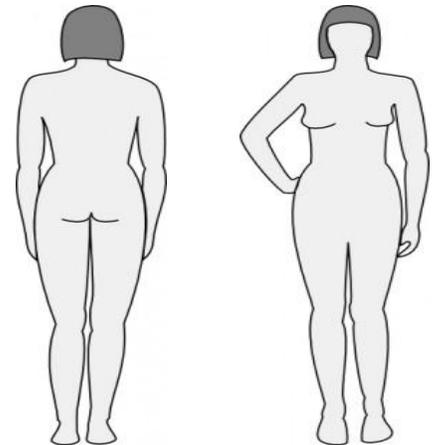
YES NO

If YES, who? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple

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

- 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 # of times _____

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