

# Abuse Assessment Screen

1. Have you ever been emotionally or physically abused by a partner? Yes  No   
If so, by whom? \_\_\_\_\_

2. Within the past year, have you been hit, slapped or otherwise physically hurt? Yes  No   
If so, by whom? \_\_\_\_\_

3. Within the past year, have you been forced to have sex against your will? Yes  No   
If so, by whom? \_\_\_\_\_

4. Are you afraid of your partner? Yes  No

If patient answers 'Yes' to one or more questions, conduct clinical assessment and offer referrals.