**ABUSE ASSESSMENT SCREEN**

*Instructions*: Circle Yes or No for each question.

1. Within the last year, have you been pushed, shoved, slapped, hit, kicked, choked or otherwise physically hurt by your partner or ex-partner? YES NO

If YES, by whom?

Total no. of times

2. Since you’ve been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?

YES NO

If YES, by whom?

Total no. of times

3. Within the last year, has anyone forced you to have sexual activities that you did not want?

YES NO

If YES, by whom?

Total no. of times

4. Are you afraid of anyone? YES NO

If YES, who?

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

Laughon, K., Renker, P., Glass, N., & Parker, B. (2008). Revision of the abuse assessment screen to address nonlethal strangulation. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37*(4), 502-507. doi:10.1111/j.1552-6909.2008.00268.x