DOMESTIC VIOLENCE SCREENING QUESTIONS

Provider Interview Guide
(Screening, Assessment, Documentation, Referral)

1. **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 _____

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 number of times _____

3. **SINCE YOU'VE BEEN PREGNANT**, has anyone ever put you down, called you names, made you feel bad about yourself? YES NO

   If YES, by whom? ________

   Total number of times _____

4. **SINCE YOU'VE BEEN PREGNANT**, has anyone threatened to hurt you or someone close to you? YES NO

   If YES, by whom? ________

   Total number of times _____

5. **WITHIN THE LAST YEAR**, has anyone forced you to have sexual activities? YES NO

   If YES, by whom? ________

   Total number of times _____

Adapted from tool developed by the Nursing Research Consortium on Violence and Abuse (NRCVA).
Readers are encouraged to reproduce and use this assessment tool.

DOCUMENT YOUR FINDINGS

Patient Report (Use "Patient states:" then patient's own words) - Place, time, full name, and relationship of batterer, weapon use. Description of assault (struck with fist, object, kicked, grabbed, strangled etc.)

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Examination Findings:

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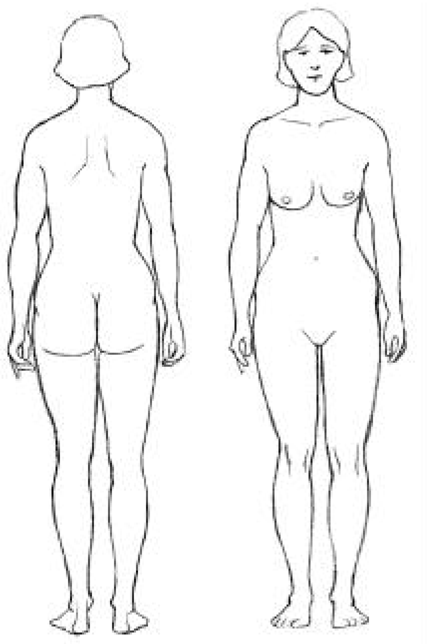

ASSESS PATIENT SAFETY

Does patient feel safe going home?	✍ Yes ✍ No
Is there a gun in the home?	✍ Yes ✍ No
Is the abusive partner here now?	✍ Yes ✍ No
Is the patient suicidal?	✍ Yes ✍ No
Is the patient homicidal?	✍ Yes ✍ No
Is the abusive partner suicidal?	✍ Yes ✍ No
Is the abusive partner homicidal?	✍ Yes ✍ No
Rise in violence severity/frequency?	✍ Yes ✍ No
Are children being abused?	✍ Yes ✍ No
Are children safe?..	✍ Yes ✍ No
Hx alcohol abuse partner?	✍ Yes ✍ No
Hx substance abuse partner?	✍ Yes ✍ No
Is victim being stalked?	✍ Yes ✍ No

REVIEW OF OPTIONS/REFERRALS

Safety Planning Discussed?	✍ Yes ✍ No
Social Work referral?	✍ Yes ✍ No
DV advocate referral?	✍ Yes ✍ No
Shelter referral?	✍ Yes ✍ No
Domestic Violence Hotline given?	✍ Yes ✍ No
Legal Aid referral?	✍ Yes ✍ No
Follow-up appointment?	✍ Yes ✍ No
Was a translator needed?	✍ Yes ✍ No
If yes, which language:	
Was the translator available?	✍ Yes ✍ No

Reporting

Law Enforcement called?	✍ Yes ✍ No
City Report #	
Pt. Receive/request protective order?	✍ Yes ✍ No
Adult Protective Services?	✍ Yes ✍ No
Child Protective Services? (if indicated)	✍ Yes ✍ No

Photographs

Consent to be photographed?	✍ Yes ✍No
Photographs taken?	✍ Yes ✍No

Evidence

ICD-9 Diagnosis Code:_________