

Abuse Assessment

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

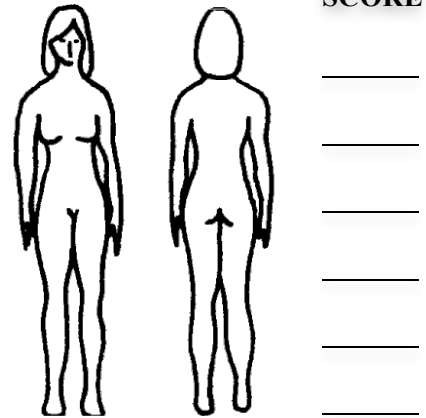
have you been hit, slapped, kicked, or otherwise physically hurt by someone? **Yes** **No**

If **YES**, by whom? _____

Total number of times _____

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

- 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



If any of the descriptions for the higher number apply, use the higher number

3. Within the last year

has anyone forced you to have sexual activities? **Yes** **No**

If **YES**, by whom? _____

Total number of times _____