

Intimate Partner Violence Screening Tool

Name

Date

1. Have you ever felt afraid of your partner or ex-partner?

Yes No

2. Has your partner or ex-partner ever physically hurt you?

Yes No

3. Has your partner or ex-partner ever insulted, belittled, or threatened you?

Yes No

4. Has your partner or ex-partner ever forced you to do something sexual you did not want to do?

Yes No

5. Is there anything else you would like to share?

Screened By