SCREENING TOOL for the detection of Domestic Violence, as a victim, perpetrator, or both

INCIDENTS AND TYPES OF VIOLENCE

Has your partner (or ex) ever put you down or insulted you?	YES ◯	NO ◯
Have you ever put down or insulted your partner (or ex)?	YES ◯	NO ◯
Has your partner (or ex) ever prevented you from communicating or meeting with your family, friends, or colleagues?	YES ◯	NO ◯
Have you ever prevented your partner (or ex) from communicating or meeting with your family, friends, or colleagues?	YES ◯	NO ◯
How are financial decisions made in your couple? Has your partner (or ex) ever taken financial decisions involving you, without your consent?	YES ◯	NO ◯
Have you ever taken financial decisions involving your partner (or ex), without their consent?	YES ◯	NO ◯
Has your partner (or ex) ever pushed you, grabbed you, or hit you? Has your partner (or ex) ever thrown objects, or destroyed items you cared about?	YES ◯	NO ◯
Have you ever pushed, grabbed, or hit your partner (or ex)? Have you ever thrown objects, or destroyed items your partner (or ex) cared about?	YES ◯	NO ◯
Have you ever felt forced to sexual contact or intercourse, by fear of your partner reactions?	YES ◯	NO ◯
Have you ever tried to impose sexual contacts or intercourse to your partner (or ex)?	YES ◯	NO ◯
Has your partner (or ex) ever threatened to damage your reputation, to make you lose your job, to file false accusations against you, or to prevent you from seeing your children?	YES ◯	NO ◯
Have you ever threatened to damage your partner's reputation, to make them lose their job, to file false accusations against them, or to prevent them from seeing their children?	YES ◯	NO ◯
Has your partner (or ex) ever grabbed you by the throat? Have they ever threatened or hurt you with an object, a knife, or any other weapon?	YES ◯	NO ◯
Have you ever grabbed your partner (or ex) by the throat? Have you ever threatened or hurt them with an object, a knife, or any other weapon?	YES ◯	NO ◯

DANGEROSITY

Instances of aggressions and/or control occur:	
	Every day ◯
	Every week ◯
	Sometimes ◯

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Do you feel safe coming back home today?	YES ◯	NO ◯
Do you have thoughts/plans/scenarios that would put your partner (or ex) or their family in danger?	YES ◯	NO ◯
Does your partner constantly check on what you do or on where you go?	YES ◯	NO ◯
Do you constantly check on what your partner (or ex) is doing or where they are going?	YES ◯	NO ◯
Has your partner (or ex) ever threatened to kill you, kill themselves, or harm people (or animals) you care about?	YES ◯	NO ◯
Have you ever threatened to kill your partner, kill yourself, or harm people (or animals) your partner cared about?	YES ◯	NO ◯
Are you afraid for your safety or that of people you care about?	YES ◯	NO ◯
Are you afraid for your partner safety, or the safety of the people they care about?	YES ◯	NO ◯
If you ever decided to break up with your partner, would you feel safe doing so?	YES ◯	NO ◯
If your partner ever broke up with you, would it be safe for them?	YES ◯	NO ◯

IMPACTS

Do you ever feel the need to walk on egg shelves around your partner (or ex), by fear of their reactions?	YES ◯	NO ◯
Following instances of aggression and/or control, did you feel:	YES ◯	NO ◯
Resentment or irritability?	YES ◯	NO ◯
Confusion?	YES ◯	NO ◯
Trouble sleeping?	YES ◯	NO ◯
Guilt, uneasiness, or shame?	YES ◯	NO ◯
Being constantly on high alert, tense, hyper-aroused?	YES ◯	NO ◯
Feeling afraid and in danger?	YES ◯	NO ◯
Powerlessness, feeling of not being enough?	YES ◯	NO ◯
Fatigue, loss of motivation, loss of interest?	YES ◯	NO ◯
More frequent or heavier consumption of alcohol or drugs?	YES ◯	NO ◯
Interruptions in your work or studies?	YES ◯	NO ◯
Isolation (loss of connections with friends or family)?	YES ◯	NO ◯

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