Abuse Assessment Screen (A.A.S.)

1. Have you ever been emotionally or physically abused by your partner or someone important to you?  
   YES  NO

2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?  
   YES  NO
   If YES, who? (Circle all that apply)  
   Husband  Ex-Husband  Boyfriend  Stranger  Other  Multiple  
   Total # of times: ______________

3. Since you've been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?  
   YES  NO
   If YES, who? (Circle all that apply)  
   Husband  Ex-Husband  Boyfriend  Stranger  Other  Multiple

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

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  _______

4. Within the last year, has anyone forced you to have sexual activities?  YES  NO
   If YES, who? (Circle all that apply)  
   Husband  Ex-Husband  Boyfriend  Stranger  Other  Multiple  
   Total # of times _______

5. Are you afraid of your partner or anyone listed above?  YES  NO