

Christus St. Vincent Regional Medical Center

Universal screening tool

Domestic violence has come to be recognized as an important, although often overlooked, health issue in our society. The mission of our hospital is to care for patients' needs. We would like to help you identify whether or not you are a victim of abuse or neglect. To receive help is your decision – please let us know if you have questions or would like to discuss your situation further. The following questions will help evaluate if you are in an abusive situation. Please respond to them openly.

This information is part of your health care record. Your responses will not be released to anyone without your written consent, except as otherwise provided by law.

- 1) Are you in a relationship with a person who physically hurts or threatens you? Yes _____ No _____
- 2) Do you (or did you ever) feel controlled, intimidated, or isolated by your partner? Yes _____ No _____
- 3) Is your partner ever jealous and always wants to know where you are? Yes _____ No _____
- 4) Do you feel that your partner ever disrespects you, calls you names, or puts you down? Yes _____ No _____
- 5) Has your partner ever forced you to have sex when you didn't want to? Yes _____ No _____
- 6) Does your partner ever take all of your money or use money in an attempt to control you? Yes _____ No _____
- 7) Does your partner ever withhold medications, damage your medical equipment, or prevent you from seeking needed medical treatment? Yes _____ No _____
- 8) Do you ever feel afraid of your partner? Yes _____ No _____
- 9) If you have children or pets, does your partner ever harm them, or threaten to do so or take them away? Yes _____ No _____

Lethality assessment

- 1) Has your partner (or whoever the aggressor is) ever used a weapon against you or threatened you with a weapon? Yes _____ No _____
- 2) Has he or she ever threatened to kill you or your children (or pets)? Yes _____ No _____
- 3) Do you think that he/she might try to kill you? Yes _____ No _____
- 4) Has your partner ever threatened or attempted to hurt or kill themselves? Yes _____ No _____

Domestic safety referrals

- 1) Would you like to discuss your situation with someone? Yes _____ No _____
- 2) Would you like additional information on domestic violence? Yes _____ No _____

Referral made to _____