

HOSPITAL GUIDELINES FOR SUSPECTED VICTIMS OF DOMESTIC VIOLENCE

INTERVIEW QUESTIONS

PATIENT'S NAME: _____

DATE: _____

COMPLETED BY: _____

(NOTE TO STAFF: Please complete this form to the best of your ability and place it in the patient's medical record.)

1. Describe the types of abuse you have experienced from your partner.

2. When is the last time your partner abused you and what happened? _____

3. Describe the worst episode of abuse you can remember? _____

4. When did this worst episode occur? _____

5. Does your partner have access to a weapon (knife or gun)? _____

6. Does your partner have a drug or alcohol problem? _____

7. Has your partner ever threatened to hurt or kill you? _____

8. Has anyone else witnessed your abuse? _____

If yes, who _____

9. (If victim has children) Does your partner hurt or threaten your children? _____

If yes, how? _____

10. (If victim has children) Have your children ever been present during a physically abusive episode? _____

11. Do you have any relevant information you wish to add? _____

