

**SPNS Program Cooperative Agreement Evaluation  
Module 32: Abuse History Form  
National Evaluation by The Measurement Group**

<b>ID Letters</b>	<b>ID Numbers</b>	<b>Site</b>	<b>Sub-Provider</b>	<b>Date</b>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Month	Day	Year
<b>Staff Code</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Client Gender</b> <input type="radio"/> Male <input type="radio"/> Female						

<p><b>1. Have you been forced to have sex with a family member?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><b>5. Has any sex partner (including tricks) threatened to physically hurt you?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>
<p><b>2. Have you been physically hurt by a family member?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><b>6. Has a sex partner (including tricks) physically hurt you?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>
<p><b>3. Have you been forced to have sex with a sex partner or lover when you did not want to?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><b>7. Has a sex partner (including tricks) hurt you in some other way sexually, for example, touched your private parts when you didn't want him/her to or forced you to touch his/hers?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>
<p><b>4. Have you been forced to have sex with a stranger?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><b>8. Have you used drugs with a sex partner because you were afraid he/she would hurt you if you didn't?</b></p> <p><input type="radio"/> CURRENT, happened in the last 30 days, not today</p> <p><input type="radio"/> EVER, happened but not in the last 30 days</p> <p><input type="radio"/> NO, has never happened</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>