

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

ID Letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID Numbers <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"/>	Site <input type="text"/> <input type="text"/> <input type="text"/>	Sub-Provider <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month / Day / Year</small>
Staff Code <input type="text"/> <input type="text"/> <input type="text"/>	Client Gender <input type="radio"/> Male <input type="radio"/> Female	Interviewer, read: "Many women deal with abusive relationships. Some women are too afraid or uncomfortable to bring it up themselves. The following questions ask about situations that might have happened to you when you were a child, teenager, or adult. Please answer each question to the best of your ability."		

<p>1. Have you been physically hurt by a family member?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>2. Has your partner threatened to hurt people who are close to you?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>3. Has your partner or someone close to you ridiculed, belittled, or insulted you in private or in public?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>
<p>4. Has your partner refused to help you when you were sick, injured, or pregnant?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>5. Has your partner or someone close to you withheld approval or affection as punishment?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>6. Has your partner punished or deprived your children because he/she is angry with you?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>
<p>7. Has a family member or partner threatened to withhold money or other necessities as a way to control you or make you afraid?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>8. Has your partner threatened to withhold affection or sex from you unless you did something you didn't want to do?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>9. Has your partner restricted your freedom or kept you from doing things that were important to you -- like going to school, working, seeing your friends or family?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>
<p>10. Have you been forced to have sex with a family member?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>11. Have you been forced to have sex with a sex partner or lover when you did not want to?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>12. Have you been forced to have sex with a stranger?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>
<p>13. Has any sex partner (including tricks) threatened to physically hurt you?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>14. Has a sex partner (including tricks) physically hurt you?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	
<p>15. 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?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	<p>16. Have you used drugs with a sex partner because you were afraid he/she would hurt you if you didn't?</p> <p><input type="radio"/> CURRENT, happened in last 30 days <input type="radio"/> EVER, happened but not in last 30 days <input type="radio"/> NEVER, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW/UNSURE</p>	