

Control, Fear, Suicide Potential, and Acts of Physical Aggression Questionnaires

Control

In the past 6 months did your partner:

	YES	NO
1. Try to control your every move?	<input type="checkbox"/>	<input type="checkbox"/>
2. Withhold money, make you ask for money, or take your money?	<input type="checkbox"/>	<input type="checkbox"/>
3. Threaten to kill you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Threaten to hurt your family, friends, or pets?	<input type="checkbox"/>	<input type="checkbox"/>
5. Refuse to take responsibility for violent behavior, putting the blame on you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Try to isolate you by keeping you away from your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>
7. Stalk or harass you or someone else at work or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>

Fear

People Who Fear Their Partner as a Potential Result of Therapy

	YES	NO
1. Are you afraid of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you uncomfortable talking in front of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you worry that therapy might lead to violence?	<input type="checkbox"/>	<input type="checkbox"/>

Suicide Potential

	YES	NO
1. Have you ever attempted suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever planned a suicide attempt ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently thinking about suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly		
4. Does the following describe you at the moment?		
"I would like to kill myself"	<input type="checkbox"/>	<input type="checkbox"/>
"I would kill myself if I had a chance"	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have a suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Acts of Physical Aggression

In the past 6 months has your partner:

	Yes Without Injury	Yes With Injury	No	Comments
1. Slapped you?				
2. Hit you?				
3. Kicked you?				
4. Bit you?				
5. Scratched you?				
6. Shoved you?				
7. Tripped you?				
8. Whacked you?				
9. Knocked you down?				
10. Twisted your arm?				
11. Pushed you?				
12. Pulled your hair?				
13. Poked you?				
14. Pinched you?				
15. Strangled you?				
16. Smothered you?				
17. Karate chopped you?				
18. Knead you?				
19. Stomped on you?				
20. Slammed you?				
21. Spit on you?				
22. Threw an object at you?				
23. Hit you with an object?				
24. Threatened you with a weapon?				
25. Used a weapon (gun, knife, etc.) against you?				
26. Forced you to have sex?				
27. Raped you?				