

Family Violence Awareness and Education

First name _____

Date _____

Women's intake Questionnaire

Below is a list of behaviours. If you have experienced any of these behaviours within a spousal relationship (past or present), please place a check in the appropriate box.

Also, please check the appropriate box if you witnessed these behaviors as a child within your immediate, or extended family.

Physical Behaviours

Has your spouse:

Never Sometimes Frequently

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| -pushed, shoved or grabbed you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -held or restrained you from leaving..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -slapped or bitten you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -kicked or choked you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -hit or punched you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -thrown things at you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -locked you or family members out of the house..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -abandoned you in a dangerous place..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -refused to help you when you were sick, injured or pregnant.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -subjected you to dangerous driving..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -forced you to have sex..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -used an object or his fist to threaten you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -reminded you of his ability to hurt you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Never Sometimes Frequently

- used his physical size to intimidate or scare you.....
- permanently injured someone.....
- killed or attempted to kill someone.....
- destroyed any of your property.....
- harmed or threatened to harm your pets.....
- acquired a criminal record.....

Emotional Behaviours

Has your spouse:

- ridiculed or ignored your feelings.....
- ridiculed or insulted your race, religion or beliefs.....
- withheld affection as punishment.....
- insulted and driven away your friends or family.....
- humiliated you in a public place.....
- kept you from working.....
- refused to share responsibility of chores, finances or children.....
- controlled major decisions (where to live, use of car, spending \$).
- harassed you about affairs he imagined you were having.....
- raised his voice to dominate a conversation, or assert control.....
- punished or rejected children when he was angry at you.....
- threatened to take children away from you.....

Never Sometimes Frequently

- threatened to kill himself if you left him.....
- threatened to harm your family members if you threatened to
leave him.....
- degraded you sexually (calling you sexually degrading names
such as bitch, whore, slut...,made you the object of dirty jokes,
forced you to engage in sexual activities that were humiliating ,
or threatened you sexually with objects).....

Results of this questionnaire remain confidential. Women with a positive history of spousal abuse or violence will be offered the opportunity to participate in the Family Violence Awareness and Education Group.