

Client Name: _____

Case #: _____

**WORCESTER COUNTY HEALTH DEPARTMENT
CASE MANAGEMENT UNIT
UNIVERSAL ABUSE AND DOMESTIC VIOLENCE SCREENING TOOL**

1. Do you ever feel afraid of your partner or someone in your life?
 Yes No No Answer
2. Are you in a relationship with a person who physically hurts, threatens, neglects, or takes advantage/exploits you in any way (physically, sexually, financially, etc.)?
 Yes No No Answer
3. Have you ever run away due to violence in the home?
 Yes No No Answer

If yes or no answered above, please proceed to the following questions:

1. Do you feel you are in danger?
 Yes No No Answer
2. Is it safe for you to go home?
 Yes No No Answer
3. Has someone currently or ever pushed, grabbed, slapped, choked or kicked you?
 Yes No No Answer
4. Forced you to have sex or made you do sexual things you were not comfortable with?
 Yes No No Answer
5. Threatened to hurt you, your children, or someone close to you?
 Yes No No Answer
4. Identify person responsible:
 Partner Parent/caregiver Other Unknown

- **Refer to Policy & Procedure on reporting abuse and neglect if appropriate.**
- **If parent or caregiver please report to appropriate authorities.**

(if parent or caregiver is checked, the following will be required to complete)

Was Child Protective Service or Adult Protective Services report completed? ___YES ___NO

Who was the agency of contact? _____

Please give date and type of follow-up provided:

Other details:

Clinician's Signature: _____

Date: _____

Initial _____

Revised 3/15/07