

## HITS Screener

Please read each of the following activities and indicates the frequency with which you partner acts in the way depicted. Your answers will remain confidential so please be honest. Please circle the number in the box that best describes your answer to each question.

	Never	Rarely	Sometimes	Fairly Often	Frequently
1. How often does your partner <u>physically hurt</u> you?	0	1	2	3	4
2. How often does your partner <u>insult or talk down</u> to you?	0	1	2	3	4
3. How often does your partner <u>threaten</u> you with harm?	0	1	2	3	4
4. How often does your partner <u>scream or curse</u> at you?	0	1	2	3	4

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total score: \_\_\_\_\_

**If Total is 8 or higher, please complete Page 2.**

## Brief Danger Assessment

Please read each of the following questions and circle the number in the box that best describes your answer to each question.

	No	Yes
1. Has the physical violence <u>increased in frequency</u> over the past year?	0	1
2. Has your partner ever used a <u>weapon</u> against you or threatened you with a weapon?	0	1
3. Do you believe your partner is <u>capable of killing</u> you?	0	1
4. Does your partner ever try to <u>choke</u> you?	0	1
5. Is your partner violently and constantly <u>jealous</u> of you?	0	1

Total score: \_\_\_\_\_

If you have a **child or children**, please answer the follow questions.

*As a healthcare provider, we are mandated to report if a child has been harmed or is at risk of being harmed. If you answer “yes” to these questions, we must report this to the DCFS child abuse hotline.*

6. Has your child been physically hurt by your partner?	Yes	No
7. If yes, when was the last time this happened?	_____	
8. Do you fear your partner might physically hurt your child?	Yes	No