

Abuse Assessment Screen (AAS)

1. Have you ever been emotionally or physically abused by your partner or someone important to you?

a. Yes

b. No

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

a. Yes

b. No

If yes, by whom? (Circle all that apply)

1. Husband

2. Ex-husband

3. Boyfriend

4. Stranger

5. Others (specify) _____

Number of times _____

3. Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?

a. Yes

b. No

If yes, by whom? (Circle all that apply)

1. Husband

2. Ex-husband
3. Boyfriend
4. Stranger
5. Others (specify)

Number of times _____

Indicate the area of injury: _____

Score the most severe incident to the following scale:

1. Threats of abuse, including use of a weapon
 2. Slapping, pushing; no injuries and/or lasting pain
 3. Punching, kicking, bruises, cuts and/or continuing pain
 4. Beaten up, severe contusions, burns, broken bones
 5. Head, internal, and/or permanent injury
 6. Use of weapon, wound from weapon
4. Within the past year, has anyone forced you to have sexual activities?
- a. Yes
 - b. No

If yes, by whom?

1. Husband
2. Ex-husband
3. Boyfriend
4. Stranger
5. Others (specify)

Number of times _____

5. Are you afraid of your partner or anyone you listed above?

a. Yes

b. No

6. Do you want us to reveal this information to: (for those who answered yes to questions 2,3, or 4)

1. The obstetricians looking after you

a. Yes

b. No

2. The medical social worker for further management

a. Yes

b. No