

Instrument 1.1

IPV Screener 1

Instrument 1

Staff Member Name: _____

Case ID: _____

Date: _____

Is this the client's...

1st time completing a tool?

2nd time completing a tool?

3rd time completing a tool?

IF INSTRUMENT 1 IS RANDOMIZED TO BE ADMINISTERED 1st: **Thank you again for being willing to participate. I'll be asking you an initial set of questions today, which will take about 10 minutes, and then two more sets of questions sometime in the next two months. As we discussed, we will do our best to keep all of the answers to these questions private.**

IF INSTRUMENT 1 IS RANDOMIZED TO BE ADMINISTERED 2nd: **As part of the research study you are participating in with [PROGRAM NAME] and RTI, we'd like to ask you the next set of questions about your romantic relationships, including any experiences with unhealthy relationship behaviors and violence. The questions will take about 10 minutes. You do not have to be in a relationship to answer them, participation is voluntary, and we will do our best to keep all of the answers to these questions private. If you choose to answer them today, you will receive a \$5 gift card as a token of appreciation.**

IF INSTRUMENT 1 IS RANDOMIZED TO BE ADMINISTERED 3rd: **As part of the research study you are participating in with [PROGRAM NAME] and RTI, we'd like to ask you one final set of questions about your romantic relationships, including any experiences with unhealthy relationship behaviors and violence. The questions will take about 10 minutes. You do not have to be in a relationship to answer them, participation is voluntary, and we will do our best to keep all of the answers to these questions private. If you choose to answer them today, you will receive a \$5 gift card as a token of appreciation plus an extra \$5 for completing all three sets of questions.**

First, I will ask you some questions and you can just answer yes or no.

	Answer		Prefer not to answer
	No	Yes	
1. Have you been in a relationship with a partner in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>If yes:</i> Within the past year has a partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Slapped, kicked, pushed, choked, or punched you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Forced or coerced you to have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Threatened you with a knife or gun to scare or hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Made you afraid that you could be physically hurt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e) Repeatedly used words, yelled, screamed in a way that frightened you, or threatened you, put you down, or made you feel rejected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Next are a number of statements that people have used to describe their relationships with their partners. I will read each statement and ask you to give the answer that best describes how much you agree or disagree in general with each one as a description of your relationship with your partner. If you do not now have a partner, think about your last one. There are no right or wrong answers; just choose the answer that seems to best describe how much you agree or disagree with it.

	Agree Strongly	Agree Some-what	Agree a Little	Disagree a Little	Disagree Some-what	Disagree Strongly	Prefer not to answer
3. She or he makes me feel unsafe even in my own home.	1	2	3	4	5	6	<input type="checkbox"/>
4. I feel ashamed of the things she or he does to me.	1	2	3	4	5	6	<input type="checkbox"/>
5. I try not to rock the boat because I am afraid of what she or he might do.	1	2	3	4	5	6	<input type="checkbox"/>
6. I feel like I am programmed to react a certain way to him or her.	1	2	3	4	5	6	<input type="checkbox"/>
7. I feel like she or he keeps me prisoner.	1	2	3	4	5	6	<input type="checkbox"/>
8. She or he makes me feel like I have no control over my life, no power, no protection.	1	2	3	4	5	6	<input type="checkbox"/>
9. I hide the truth from others because I am afraid not to.	1	2	3	4	5	6	<input type="checkbox"/>
10. I feel owned and controlled by him or her.	1	2	3	4	5	6	<input type="checkbox"/>
11. She or he can scare me without laying a hand on me.	1	2	3	4	5	6	<input type="checkbox"/>
12. She or he has a look that goes straight through me and terrifies me.	1	2	3	4	5	6	<input type="checkbox"/>

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