Head Injury Exposure: Blows to the Head from Intimate Partner Violence

Please consider any experiences you may have had since the age of 18 in which an intimate partner (romantic partner, sexual partner, boy/girlfriend, spouse, etc.) acted with physical violence. If you prefer not to answer these questions you are welcome to proceed to the next section.

*For each event recorded in **Column A**, please answer the questions in **Column B**.*

From all those healing from this form of violence who'd like to receive additional support please call The National Sexual Assault Hotline **1-800-656-4673**

COLUMN A	**COLUMN B**																							
Since the age of 18, has an intimate partner ever done any of the following to you?	Have you ever lost consciousness? (if yes, what was the duration for **3** of your worst occurrences?)	Don't know	Less than 1 min.	1-10 mins.	11-20 mins.	21-30 mins.	31-45 mins.	46-60 mins.	1 hour-23 hours	1 day-1 week	1 week-1 month	More than 1 mo.	Have you ever been dazed or confused? (if yes, what was the duration for **3** of your worst occurrences?)	Don't know	Less than 1 min.	1-10 mins.	11-20 mins.	21-30 mins.	31-45 mins.	46-60 mins.	1 hour-23 hours	1 day-1 week	1 week-1 month	More than 1 mo.	What date(s) did this occur?
1. Pushed/shoved your head into a wall, car, furniture, or other object? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
2. Hit you in the head with an object, hand, or fist? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
3. Broken your teeth or jaw? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
4. Caused eye or ear injuries? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
5. Strangled ('choked') you? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
6. Shook you violently? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____
7. Caused other injury to your head, neck or face? ☐ No ☐ Yes: ___ times ⇨	☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	⇨ ☐ No ☐ Yes: ___times	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____ _____ _____