

Partner Violence

{iname} Completed by:

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 {idate} Date Completed:

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Checked by:

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 Date Checked:

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TICK WHICH ONE (comp)

1. Completed Fully (Ethnic Zulu)

1

2. Completed Fully (Fluent in Zulu, from other ethnic group)

2

3. Partially Completed
 - a. Refused (no reason)

3

 - b. Refused (Tired)

4

 - c. Unable to do some of tasks due to disability

5

 - d. Ill/Unwell

6

 - e. Not fluent in Zulu

7

4. Not started
 - a. Postponed by Tester

8

 - b. Refused (no reason)

9

 - c. Refused (Tired)

10

 - d. Unable due to disability

11

 - e. Ill/unwell

12

 - f. Not Zulu speaking

13

Phase 2 Form Inventory info:

Units of analysis and Respondents:

Adult about Adult

Assessment Type:

Psychological

Participant Group:

Whole Adult Cohort

Default variable prefix for Partner Violence:

pv

Now I would like to ask some questions about your life. Of course, like everything else we are talking about will be confidential.

1. Do you have a husband, boyfriend or partner?

Yes

No

pv1

2. Are you living with a husband, boyfriend or partner?

Yes

No

pv2

3. Has your current partner or any other partner ever threatened to hurt you?

Current: Yes

No

pv3

Any Other: Yes

No

pv3a

4. Has he or any other partner ever pushed you or shoved you?

Current: Yes

No

pv4

Any other: Yes

No

pv4a

5. Has he or any other partner ever slapped you or threw something at you which could hurt you?

Current: Yes

No

pv5

Any other: Yes

No

pv5a

6. Have he or any other partner ever physically forced you to have sex when you did not want to?

Current: Yes

No

pv6

Any other: Yes

No

pv6a

7. Are you afraid of your current partner?

Yes

No

pv7

(Offer referral for help if current partner is violent)