

AdultTAG #:

Partner Violence

{iname} Completed by: {idate} Date Completed: / /
Checked by: Date Checked: / /

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)