

ABUSE ASSESSMENT SCREEN - DISABILITY¹ (AAS-D)

The Abuse Assessment Screen – Disability (AAS-D) was developed and tested to address the range of abuse experienced by women with physical disabilities.

1. **Within the last year**, have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone? YES NO

If YES, who? (Circle all that apply)

Intimate partner Care provider Health professional Family member Other

Please describe:

2. **Within the last year**, has anyone forced you to have sexual activities? YES NO

If YES, who? (Circle all that apply)

Intimate partner Care provider Health professional Family member Other

Please describe:

3. **Within the last year**, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive **devices**? YES NO

If YES, who? (Circle all that apply)

Intimate partner Care provider Health professional Family member Other

Please describe:

4. **Within the last year**, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, getting dressed, or getting food or drink? YES NO

If YES, who? (Circle all that apply)

Intimate partner Care provider Health professional Family member Other

Please describe:

Source: McFarlane, J., Hughes, R. B., Nosek, M. A., Groff, J. Y., Swedlend, N., & Dolen Mullen, P. (2001). Abuse Assessment Screen – Disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. *Journal of Women's Health & Gender-Based Medicine*, 10 (9), 861-866.

¹ Note: this tool is validated