

ABUSE ASSESSMENT SCREEN¹ (AAS)

1. **WITHIN THE LAST YEAR**, have you been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO

If YES, by whom? _____

Total number of times _____

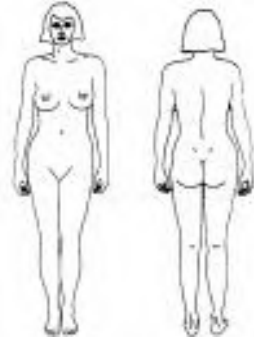
2. **SINCE YOU'VE BEEN PREGNANT**, have you been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO

If YES, by whom? _____

Total number of times _____

MARK THE AREA OF INJURY ON THE BODY MAP. SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE:

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon



SCORE

If any of the descriptions for the higher number apply, use the higher number.

3. **WITHIN THE LAST YEAR**, has anyone forced you to have sexual activities? YES NO

If YES, by whom? _____

Total number of times _____

Developed by the Nursing Research Consortium on Violence and Abuse. Readers are encouraged to reproduce and use this assessment tool.

Source: McFarlane & Parker, 1994 in Fishwick, N. (1998) Assessment of women for partner abuse. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 27, 661-670.

¹ Note: this tool is validated