DOMESTIC VIOLENCE QUESTIONAIRE

Your personal information is not released. Please answer these questions to the best of your ability. COPE, Inc. is a non-profit organization that does not discriminate against any individuals based on Race, Religion, Color, Creed, National Origin, Ancestry, Sex, Sexual, Orientation, Age, or Handicap.

A. What is your relationship with the other person involved?
- ☐ dating
- ☐ living together
- ☐ married
- ☐ separated
- ☐ divorced
- ☐ family member
- ☐ other

B. Lesbian, Gay, Bisexual, Transgender?:
- ☐ yes
- ☐ no

C. Length of Relationship with other person involved:
- ☐ 0-11 months
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 20+ years
- ☐ Unknown

D. When did the first abusive incident occur?
- ☐ 1st month of relationship
- ☐ 2nd month of relationship
- ☐ 1st to 2nd year of relationship
- ☐ 2nd to 5th year of relationship
- ☐ 5th year or longer in relationship
- ☐ isolated incident
- ☐ Unknown

E. Type of abuse experienced:
- ☐ physical
- ☐ verbal/emotional
- ☐ sexual
- ☐ strangulation
- ☐ stalking
- ☐ all of the above

F. Have you or someone else reported the abuse to the Law enforcement?
- ☐ never report
- ☐ called 1-2 times
- ☐ called 3 or more times

G. Have you ever sought medical attention as a result of the abuse?
- ☐ yes   ☐ no

H. Frequency of abuse:
- ☐ Daily
- ☐ Once a week
- ☐ More than once a week
- ☐ Once a month
- ☐ More than once a month
- ☐ Once a year
- ☐ Isolated incident
- ☐ Unknown   ☐ n/a

I. Do you …
- ☐ Abuse alcohol
- ☐ Abuse drugs
- ☐ Abuse alcohol & drugs
- ☐ Unknown   ☐ n/a

Are you …
- ☐ Recovering from alcohol abuse
- ☐ Recovering from drug abuse
- ☐ Recovering from alcohol & drug abuse
- ☐ Unknown   ☐ n/a

J. Does the other person involved,
- ☐ Abuse alcohol
- ☐ Abuse drugs
- ☐ Abuse alcohol & drugs
- ☐ Unknown

Is the other person involved,
- ☐ Recovering from alcohol abuse
- ☐ Recovering from drug abuse
- ☐ Recovering from alcohol & drug abuse
- ☐ Unknown   ☐ n/a

K. When the incident occurred, were you under the influence of:
- □ alcohol
- □ drugs
- □ alcohol & drugs
- □ Unknown

L. When the incident occurred, was the other person involved under the influence of :
- □ alcohol
- □ drugs
- □ alcohol & drugs
- □ Unknown

M. Have you experienced abuse in a previous relationship?
- □ yes   □ no

N. Have you thought or attempted suicide?
- □ yes   □ no

O. Did the abuse occur while you or the other person involved were Pregnant?
- □ yes   □ no

P. Did you witness violence between your parents?
- □ yes   □ no

Q. Did the other person involved witness violence between his/her parents?
- □ yes   □ no   □ unknown

R. Were you a victim of child abuse?
- □ yes   □ no

S. Was the other person involved a victim of child abuse?
- □ yes   □ no   □ unknown

T. Was a weapon involved in this incident?
- □ gun   □ knife   □ hands   □ feet
- □ fire   □ other   □ none

U. Have you been granted an order of protection in the past?
- □ yes   □ no
- Is it still in affect?
- □ yes   □ no

V. Did you or the other person involved go to court for this incident?
- □ yes   □ no

W. Did it result in a criminal conviction?
- □ yes   □ no

X. Were children present during the incident?
- □ yes   □ no

Y. Primary language spoken other than English?

_____

Z. Enrolled in an educational/ vocational program?
- □ yes   □ no

AA. Living situation:
- □ Rent/own
- □ Living with friend / relative
- □ Transitional living facility
- □ On streets/ homeless
- □ Jail / correctional facility
- □ other:_____

BB. Are you an Immigrant? □ yes   □ no

CC. Is the other person involved an Immigrant:
- □ yes   □ no

DD. Are you a veteran? □ yes   □ no

EE. Is the other person involved a veteran?
- □ yes   □ no

FF. Do you have any disabilities?
- □ yes   □ no
- Please check all that apply:
- □ Physical   □ Developmental
- □ Mental   □ Other

_____

GG. Does the other person involved have any disabilities?
- □ yes   □ no
- Please check all that apply:
- □ Physical   □ Developmental
- □ Mental   □ Other

_____

HH. Is anyone in your Family receiving services from Child Protective Services?

☐ yes   ☐ no

II. Is anyone in your home receiving services from Juvenile Justice Department?

☐ yes   ☐ no

JJ. Describe any past family history of mistreatment:_____

_____

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KK. Other Violent Incidents or concerns:

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