**SCREENING TOOL** for sexual coercion, reproductive coercion, and intimate partner violence:

1. Has your current partner ever threatened you or made you feel afraid?

(Threatened to hurt you or your children if you did or did not do something, controlled who you talked to or where you went, or gone into rages)

1. Has your partner ever hit, choked, or physically hurt you?

(“Hurt” includes being hit, slapped, kicked, bitten, pushed, or shoved)

1. Has your partner ever forced you to do something sexually that you did not want to do, or refused your request to use condoms?
2. Does your partner support your decision about when or if you want to become pregnant?
3. Has your partner ever tampered with your birth control or tried to get you pregnant when you didn’t want to be?

May consider these questions for clients with disabilities:

1. Has your partner prevented you from using a wheelchair, cane, respirator, or other assistive device?
2. Has your partner refused to help you with an important personal need such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink, or threatened not to help you with these personal needs?