
Author(s) of Instrument:
Sharon Milberger

Key References: Publications related to this instrument

Primary Use/Purpose: This section describes what this instrument was designed to measure.

The questionnaire has two parts. Part 1 is a brief questionnaire to screen for a history of domestic violence and identify demographic characteristics. Variables in Parts 1 and 2 include type of disability, type of personal assistance needed, and whether the respondent was ever physically, emotionally, or sexually abused. Part 2 also contains variables on sources of monthly income, who perpetrated the abuse, the abuser’s gender, how long the victim knew the abuser, whether the victim sought assistance from a domestic violence program or shelter, and a description of the worst incident of physical abuse. Demographic variables in Parts 1 and 2 include ethnicity, age, employment status, and marital status. All interviewers were specifically trained in issues of domestic violence prior to initiating the interviews to assure that sensitivity and awareness with regard to safety and support were provided to the participants. Participants were offered the option to complete the screen over the phone, by mail, by fax, or online.

Background and Development: How and why this instrument was developed.

The tool was developed for a study conducted in 2000-2001 examining the prevalence and risk factors of domestic abuse in women with physical disabilities. The questionnaire used was based
on a protocol developed by Nosek (1995)\textsuperscript{1} that addressed demographic characteristics, social networks, and abuse history.

**Psychometrics (if applicable):** Any testing of this instrument.

N/A.

**Link to Instrument:** Link to the instrument if available.

https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/3414/datadocumentation# or see attached.

**Submitted by:** Sharon Milberger submitted this instrument to the CVR Instruments Collection and certified permission to publicly share this instrument.

ATTACHMENT A - PHASE I SCREEN

1. Ethnicity
   - Caucasian
   - African American
   - Asian
   - American Indian
   - Hispanic
   - Other

2. Age ______

3. Zip Code ______

4. Current living arrangement
   - Independent
   - Semi-independent
   - Group Home
   - Other

5. Marital status
   - Married
   - Single
   - Divorced/Separated
   - Widowed
   - Other

6. Type of disability
   - Cerebral Palsy
   - Stroke
   - Spina bifida
   - Systemic lupus erythematosus
   - Multiple Sclerosis
   - Post-polio
   - Visual impairment
   - Traumatic brain injury
   - Hearing impairment
   - Amputation
   - Spinal cord injury
   - Arthritis
   - Other

7. Personal assistance services (mark all that apply)
   - Getting out of bed
   - Eating or feeding
   - Dressing
   - Toileting
   - Personal hygiene
   - Moving around your home
   - Taking medications
   - Meal preparation
   - Home maintenance
   - Other

8. Employment status
   - Full-time
   - Part-time
   - Retired
   - Laid off/unemployed
   - Other

9. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone or forced to have sexual activities?
   - Yes, currently
   - Yes, in the past
   - No

10. Since you were 18 years old, has anyone you depend on refused to help you with an important personal need (e.g., taking your medicine, getting to the bathroom) or prevented you from using a wheelchair, cane, respirator, or other assistive devices?
    - Yes, currently
    - Yes, in the past
    - No

If you are interested in seeing if you are eligible to participate in the second phase of this study please provide the following contact information:

Name __________________________

Phone (___) ____________
ATTACHMENT B - PHASE II QUESTIONNAIRE* (page 1 of 8)

1. Ethnicity
   ☐ Caucasian  ☐ African American  ☐ Asian  ☐ American Indian  ☐ Hispanic  ☐ Other

2. Age ______

3. Zip Code ______

4. Current living arrangement
   ☐ Independent  ☐ Semi-independent (with support)  ☐ Group Home  ☐ Other ______

5. Marital status
   ☐ Married  ☐ Single  ☐ Divorced/Separated  ☐ Widowed  ☐ Other _____

6. Type of disability
   ☐ Cerebral Palsy  ☐ Multiple Sclerosis  ☐ Spina bifida  ☐ Amputation  ☐ Arthritis
   ☐ Systemic lupus erythematosus  ☐ Visual impairment  ☐ Hearing impairment
   ☐ Stroke  ☐ Post-polio  ☐ Spinal cord injury  ☐ Traumatic brain injury  ☐ Other ______

7. Personal assistance services (mark all that apply)
   ☐ Getting out of bed  ☐ Eating or feeding  ☐ Dressing  ☐ Toileting  ☐ Personal hygiene
   ☐ Transferring or moving around your home  ☐ Taking medications  ☐ Recreation
   ☐ Meal preparation  ☐ Home maintenance  ☐ Other ______

8. Are the following services available in your community?
   ☐ Transportation ☐ Yes ☐ No If Yes, do you use this service? ☐ Yes ☐ No
   ☐ Recreation ☐ Yes ☐ No If Yes, do you use this service? ☐ Yes ☐ No

9. Employment status
   ☐ Full-time  ☐ Part time  ☐ Retired  ☐ Laid off or unemployed  ☐ Other ______

10. Source of monthly income (mark all that apply)
    ☐ SSDI  ☐ SSI  ☐ Employment earnings  ☐ Long-term Disability
    ☐ State Disability Assistance (SDA)  ☐ Unemployment  ☐ Worker's Compensation
    ☐ Other (e.g., family, trust fund, etc. ___________________________ )
11. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?
☑ Yes, currently ☐ Yes, in the past ☐ No

If No, go to Question 12.

If Yes, who was this person (mark all that apply)?

Partner ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Ex-Partner ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Current Care Provider ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Former Care Provider ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Health Professional ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Family Member ☐ Yes ☐ No ☐ Male ☐ Female
How long have you known this person? ______________

Stranger ☐ Yes ☐ No ☐ Male ☐ Female

Other ☐ Yes ☐ No ☐ Male ☐ Female

Please describe: ___________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

When did this abuse begin? ______________________________________________

________________________________________________________________________
ATTACHMENT B - PHASE II QUESTIONNAIRE (page 3 of 8)

If abuse in the past, how did the abuse come to end?

__________________________

 Did you ever seek assistance from any domestic abuse program or shelter? ☐ Yes ☐ No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

Thinking of the worst incident, were you (check yes or no):

1=Threatened with abuse, including threats with a weapon  ☐ Yes ☐ No
2=Slapped, pushed; (no injuries or lasting pain)  ☐ Yes ☐ No
3=Punched, kicked (bruises, cuts and/or continuing pain)  ☐ Yes ☐ No
4=Beaten up (severe cuts or bruises, burns, broken bones)  ☐ Yes ☐ No
5=Received head, internal, and/or permanent injury  ☐ Yes ☐ No
6=Injured by use of weapon (wound from weapon)  ☐ Yes ☐ No
12. Since you were 18 years old, has anyone you been forced to have sexual activities?

- Yes, currently
- Yes, in the past
- No

If No, go to Question 13.

If Yes, who was this person (mark all that apply)?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Ex-Partner</td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Current Care Provider</td>
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<td>Former Care Provider</td>
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<td>Male</td>
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<tr>
<td>Health Professional</td>
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<td>Male</td>
</tr>
<tr>
<td>Family Member</td>
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<td></td>
<td>Male</td>
</tr>
<tr>
<td>Stranger</td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

How long have you known this person?

Please describe:

When did this abuse begin?
If abuse in the past, how did the abuse come to end?__________________________

__________________________

Did you ever seek assistance from any domestic abuse program or shelter? □ Yes □ No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

13. Since you were 18 years old, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?
□ Yes, currently □ Yes, in the past □ No

If No, go to Question 14.

If Yes, who was this person (mark all that apply)?

Partner
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Ex-Partner
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Current Care Provider
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Former Care Provider
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Health Professional
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Family Member
□ Yes □ No □ Male □ Female
How long have you known this person?________________

Stranger
□ Yes □ No □ Male □ Female
Please describe: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

When did this abuse begin? _________________________________

If abuse in the past, how did the abuse come to end? __________________________________

_____________________________________________________________________

_____________________________________________________________________

Did you ever seek assistance from any domestic abuse program or shelter? ☐ Yes ☐ No

Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?
14. Since you were 18 years old, 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, bathing, getting dressed or getting food or drink or threatened not to help you with these personal needs?

☐ Yes, currently  ☐ Yes, in the past  ☐ No

If No, go to stop here.

If Yes, who was this person (mark all that apply)?

Partner  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female
How long have you known this person? ____________

Ex-Partner  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female
How long have you known this person? ____________

Current Care Provider  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female
How long have you known this person? ____________

Former Care Provider  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female
How long have you known this person? ____________

Health Professional  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female
How long have you known this person? ____________

Family Member  ☐ Yes  ☐ No  If Yes, specify ____________
How long have you known this person? ____________

Stranger  ☐ Yes  ☐ No  If Yes, ☐ Male  ☐ Female

Other  ☐ Yes  ☐ No  If Yes, specify ____________

Please describe: ________________________________________________

__________________________________________________________________

__________________________________________________________________

When did this abuse begin? __________________________________________
ATTACHMENT B - PHASE II QUESTIONNAIRE (page 8 of 8)

If abuse in the past, how did the abuse come to end? ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Did you ever seek assistance from any domestic abuse program or shelter? □ Yes □ No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

*This questionnaire is based on the Abuse Assessment Screening Questionnaire (AAS-D)
developed by Dr. Margaret Nosek and colleagues at the Center for Research on Women with
Disabilities, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine.