

# DOMESTIC VIOLENCE INTAKE QUESTIONNAIRE

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

## SECTION 1. YOUR INFORMATION

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Are you a victim of:  Verbal Abuse  Psychological Abuse  Sexual Abuse  Physical Abuse

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) you have used: \_\_\_\_\_

Date of birth: (MONTH/DAY/YEAR) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does the abuser know where you work or attend school? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you lived at current resident: \_\_\_\_\_

Relationship to the abuser: \_\_\_\_\_

For how long have you known the abuser? \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Are you living with the abuser now? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not, does the abuser know where you live? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you live with the abuser in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please provide an alternate phone number in case of an emergency: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need to see a Doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Name of Medications: \_\_\_\_\_

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## SECTION 2. ABUSER'S INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) used by the abuser: \_\_\_\_\_

Date of birth: (MONTH/DAY/YEAR) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does the abuser carry/use a firearm? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 3. INCIDENT/S OF VIOLENCE**

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When did the last incident of abuse take place? \_\_\_\_\_  
Did you call the police? If yes, which department? \_\_\_\_\_ Case #: \_\_\_\_\_  
Was the abuser arrested? Yes\_\_\_ No\_\_\_ Is the abuser still under custody? Yes\_\_\_ No\_\_\_  
Did you ever seek medical attention due to the incident/s of violence? Yes\_\_\_No\_\_\_  
Was a weapon used to abuse you? Yes\_\_\_ No\_\_\_ If yes, explain: \_\_\_\_\_  
Does the abuser own or possess any firearms? Yes\_\_\_ No\_\_\_ If yes, how many? \_\_\_  
Was drugs or alcohol involved? Yes\_\_\_ No\_\_\_

**SECTION 5. CHILDREN'S INFORMATION**

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\_\_\_\_\_ Not Applicable

How many children do you have? \_\_\_\_\_

Are any of the children victims of Domestic Violence? \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_
4. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_
5. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_
6. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child lives with (please check): Mother      Father      Other      Who? \_\_\_\_\_