WORCESTER COUNTY HEALTH DEPARTMENT  
CASE MANAGEMENT UNIT  
UNIVERSAL ABUSE AND DOMESTIC VIOLENCE SCREENING TOOL

1. Do you ever feel afraid of your partner or someone in your life?  
   ☐ Yes    ☐ No    ☐ No Answer

2. Are you in a relationship with a person who physically hurts, threatens, neglects, or takes advantage/exploits you in any way (physically, sexually, financially, etc.)?  
   ☐ Yes    ☐ No    ☐ No Answer

3. Have you ever run away due to violence in the home?  
   ☐ Yes    ☐ No    ☐ No Answer

If yes or no answered above, please proceed to the following questions:

1. Do you feel you are in danger?  
   ☐ Yes    ☐ No    ☐ No Answer

2. Is it safe for you to go home?  
   ☐ Yes    ☐ No    ☐ No Answer

3. Has someone currently or ever pushed, grabbed, slapped, choked or kicked you?  
   ☐ Yes    ☐ No    ☐ No Answer

4. Forced you to have sex or made you do sexual things you were not comfortable with?  
   ☐ Yes    ☐ No    ☐ No Answer

5. Threatened to hurt you, your children, or someone close to you?  
   ☐ Yes    ☐ No    ☐ No Answer

4. Identify person responsible:  
   ☐ Partner   ☐ Parent/caregiver   ☐ Other   ☐ Unknown

- Refer to Policy & Procedure on reporting abuse and neglect if appropriate.
- If parent or caregiver please report to appropriate authorities.

(if parent or caregiver is checked, the following will be required to complete)

Was Child Protective Service or Adult Protective Services report completed?    ☐ YES    ☐ NO

Who was the agency of contact?  
__________________________________________________________

Please give date and type of follow-up provided:  
__________________________________________________________

__________________________________________________________

Other details:
__________________________________________________________

__________________________________________________________

__________________________________________________________

Clinician’s Signature: ____________________________    Date: ____________________________