## **Measure 14 – Intimate Partner Violence Screening**

**Caregiver Measure**

**Data Collection Time Point(s)**

☐ Within 6 Months Post Enrollment (All EBHV) (in data system will display at 6months)

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Screening tool used:**

☐ Harassment in Abusive Relationships: A Self-Report Scale (HARASS)

☐ Hurt, Insulted, Threatened with Harm and Screamed (HITS) / Nurse-Family Partnership IPV TOOL

☐ Profile of Psychological Abuse (PPA)

☐ Women's Experience with Battering (WEB)

☐ Severity of Violence Against Women Scale (SVAWS)

☐ Abuse Behavior Inventory (ABI)

☐ Abuse Assessment Screen (AAS)

☐ Humiliation, Afraid, Rape, Kick, Child (HARK-C)

☐ Ongoing Abuse Screening (OAS)

☐ Universal Violence Prevention Screening Protocol-Adapted

☐ Domestic Violence Evaluation (DOVE)

☐ Partner Violence Screen (PVS)

☐ The Relationship Chart

☐ **Did Not Screen** (Continue to 4)

**2. Date of screening:** \_ \_ / \_ \_ / \_ \_ \_ \_ | MM/DD/YYYY

**3. Did the Caregiver screen positive for intimate partner violence?**

☐ Yes (End) ☐ No (End)

**4. Reason Not Screened:**

☐ Home visitor unable to screen

☐ Safety Concerns

☐ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Privacy Concerns

☐ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reason required)

☐ Family refused

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reason required)