# Personal Contact Form

**Number for domestic violence specialists:**

**Location/Community:**

**Case Number:**

**Woman's Age:**

### 1. Place of Contact:

- Home
- Work
- Bus
- Beauty salon
- Shelter
- Park
- School
- Supermarket
- Clinic
- School
- Laundry mat

### 2. Does your husband/boyfriend/partner use alcohol or drugs?

Yes [ ] No [ ]

### 3. During the last year were you physically abused (hit, kicked, slapped) by another person?

Yes [ ] No [ ]

Who mistreats you?

- Husband
- Ex-husband
- Boyfriend
- Partner
- Relative
- Stranger
- Boss

### 4. Have you been forced to have sexual relations in the last year?

Yes [ ] No [ ]
Who Forced you?

husband  ex-husband  boyfriend

partner  relative  stranger  boss

5. Are you afraid of your husband, boyfriend, partner, ex-husband, or other person mentioned before?
   Yes _____  No _____

6. Have you prepared a safety plan?
   Money_____
   Clothing/suitcase_____
   Another safe place_____
   Documents_____
   Transportation_____
   Children/family_____
   Car keys_____

Phone numbers:
   Shelter_____
   Police_____
   Cab co._____
   Other emergency numbers_____

National Domestic Violence Hotline
   Number: 1-800-799-7233

This questionnaire was developed by Dr. Judith McFarlane, College of Nursing, Texas Women’s University, Houston, Texas. The questionnaire was adapted by the Migrant Clinicians Network for use in Migrant health Centers. Use and reproduction is permitted. For more information, contact MCN P.O.Box 164285, Austin, Texas 78716, (512) 327-2017, (fax)512-327-0719.