

Intimate Partner Violence Abstraction and Data Entry Form

Medical record number:

Account number:

Date of emergency room visit:

Please check to ensure patient meets the initial selection criteria (see instructions).

- 0 No, patient does not meet criteria
- 1 Yes, patient meets criteria

If patient does not meet selection criteria, please code the reason.

- 1 Patient is male
- 2 Patient is aged 15 or younger
- 3 Diagnosis or E-code is not in correct range
- 4 Visit was not during appropriate timeframe
- 5 Patient was in ED for follow-up care

Continue with the next section ONLY IF the case meets the initial selection criteria.

Patient sustained physical violence:

- 0 No or not mentioned
- 1 Yes
- 9 Suspected but not verified

Patient sustained sexual violence:

- 0 No or not mentioned
- 1 Yes
- 9 Suspected but not verified

Continue with the next section ONLY IF physical and/or sexual violence against the patient was sustained. (Do not continue if violence was suspected only.)

Multiple perpetrators involved in assault:

- 0 Only 1 perpetrator involved (assumed unless multiple perpetrators are mentioned)
- 1 Multiple perpetrators involved

Perpetrator relationship to victim (Intimate partners are all those coded 1-9):

- 1 Spouse (legal)
- 2 Separated (legal) spouse
- 3 Divorced (legal) spouse
- 4 Boyfriend/unmarried opposite sex partner
- 5 Former boyfriend/unmarried opposite sex partner
- 6 Same sex partner
- 7 Former same sex partner
- 8 Date
- 9 Unknown type of intimate partner
- 10 Family member other than an intimate partner
- 11 Other known person (not intimate partner or family)
- 12 Stranger
- 99 Unknown relationship

Please continue ONLY IF perpetrator and victim are intimate partners.

Please write explanation if relationship is unclear (optional).

Last name:

First name:

Victim's residential address (write in number and street - city and state not required):

Victim living (cohabiting) with perpetrator at time of Emergency Department visit:

0	Not cohabiting
1	Cohabiting
9	Unknown

Number of children (persons under 18, own or someone else's) living with victim at time of Emergency Department visit:

#	(write in the number)
90	Yes children, but unknown number
99	Unknown

City or township where violent incident took place:

Violent incident occurred at victim's residence.

Law enforcement agency contacted by hospital personnel:

0	No
1	Yes
2	Agency already involved
3	Both
9	Unknown

Name of law enforcement agency (agencies) contacted or involved:

Referral made to a hospital human service worker (social worker, nurse case manager, chaplain):

0	No
1	Yes
2	Not Available and Not Paged
9	Unknown

Referral made by hospital personnel to a domestic violence (DV) or sexual assault (SA) agency/program/ etc.:

0	No referral made to DV/SA agency/program
1	Referral to domestic violence agency/shelter/etc.
2	Referral to sexual assault agency/program
3	Referral to both DV and SA agency/program
9	Unknown

Safety plan (in the form of written instructions or materials) offered by hospital personnel:

0	No safety plan offered
1	Safety plan offered
9	Unknown whether safety plan offered

Please make any notes about victim, perpetrator, or treatment as related to any of the above fields (optional).