

HISTORY OF VIOLENCE QUESTIONNAIRE

Lethality Assessment

Date: _____

Client Name: _____ Age: _____

Offenders Relationship: _____

Name: _____

1. Does he/she physically abuse you? Yes _____ No _____
2. Is he/she emotionally abusive to you? Yes _____ No _____
3. Does he/she physically or emotionally abuse your children? Yes _____ No _____
4. Has he/she ever harmed or killed your pets? Yes _____ No _____
5. Has he/she ever threatened to kill you or your children? Yes _____ No _____
6. Has he/she isolated you from your friends and family? Yes _____ No _____
7. Does he/she own any weapons? Yes _____ No _____
8. Has he/she ever threatened you with a weapon? Yes _____ No _____
9. Has he/she ever injured you so badly that you had to seek medical attention? Yes _____ No _____
10. Has he/she ever threatened or tried to commit suicide? Yes _____ No _____
11. Has he/she ever pressured or forced you to have sex with them? Yes _____ No _____
12. Has he/she ever assaulted you while you were pregnant? Yes _____ No _____
13. Does he/she ever use threats of harm or destruction to get you to do what they want? Yes _____ No _____
14. Does he/she ever treat you like a servant? Yes _____ No _____
15. Does he/she ever withhold money or prevent you from working? Yes _____ No _____
16. Does he/she ever try to minimize, deny, or blame you for the abuse? Yes _____ No _____
17. Has he/she ever exhibited violence against others? Yes _____ No _____
18. If you try to leave, do you believe he/she may seriously injure or kill you? Yes _____ No _____

If you have answered YES to 3 or more of these questions, you and/or your children could be in danger!

Please contact Domestic Violence Intervention, Inc. Office hours are Monday – Friday 9 a.m. – 3 p.m.

Our office number is 775-423-1313.

24/7 CRISIS LINE # 775-427-1500