

RELATIONSHIP ASSESSMENT TOOL



NAME _____

DATE _____

The following are a number of statements that women have used to describe their relationships with their partners. Please read each statement and then circle the answer that best describes how much you agree or disagree in general with each one as a description of your relationship with your partner. If you do not now have a partner, think about your last one. There are no right or wrong answers; just circle the number which seems to best describe how much you agree or disagree with it.

	Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly
1. My partner makes me feel unsafe even in my own home	1	2	3	4	5	6
2. I feel ashamed of the things my partner does to me	1	2	3	4	5	6
3. I try not to rock the boat because I am afraid of what my partner might do	1	2	3	4	5	6
4. I feel like I am programmed to react a certain way to my partner	1	2	3	4	5	6
5. I feel like my partner keeps me prisoner	1	2	3	4	5	6
6. My partner makes me feel like I have no control over my life, no power, no protection	1	2	3	4	5	6
7. I hide the truth from others because I am afraid not to	1	2	3	4	5	6
8. I feel owned and controlled by my partner	1	2	3	4	5	6
9. My partner can scare me without laying a hand on me	1	2	3	4	5	6
10. My partner has a look that goes straight through me and terrifies me	1	2	3	4	5	6
11. Has my partner ever physically hurt me? (Circle one)	Yes	No	Not Sure			
12. Has my partner ever forced me to do something sexual I didn't want to do? (Circle one)	Yes	No	Not Sure			

Thank you for completing this survey.

Please give it back to your home visitor so they can complete the second page.

