

## Personal Safety (HITS) Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Ref #: \_\_\_\_\_

Questions	Never 1	Rarely 2	Sometimes 3	Fairly Often 4	Frequently 5	Comments
How often does your partner physically HURT you?						
How often does your partner INSULT you or talk down to you?						
How often does your partner THREATEN you with harm?						
How often does your partner SCREAM or curse at you?						

Notes / Comments:

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