



Consumer Name: Munish, Test

Consumer ID: 93745

Date: 07-29-2020

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past few months, you: (Please answer yes or no to each question)

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Have had nightmares about it or thought about it when you did not want to? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No |
| 3. Were constantly on guard, watchful, or easily startled? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No |
| 4. Felt numb or detached from others, activities, or your surroundings? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No |
| 5. Are there bad things that happened to you in the past and still affect you in your life today? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No |

IPV Questions: Interview the patient and ask questions directly

- | | | |
|--|-------------------------------------|--------------------------|
| 1. Have you been hit, kicked, punched, or otherwise hurt by someone in the last year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| 2. Do you feel safe in your current relationship? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |

2A. Comments: HELP HELP I'M BEING REPRESSED!



1A. If so by Whom: ok





3. Is there a partner from a previous relationship who is making you feel unsafe now? ☒ ☐
Yes No

3A. Comments: Yah!

Dependent Question(s)

1. Do you have children or other adults who live with you for whom you are responsible? ☒ ☐
Yes No

1A. Do you have children or other adults who live with you for whom you are responsible? ☒ ☐
Yes No

1B. Do you have children or other adults who live with you for whom you are responsible? ☒ ☐
Yes No

Policy 31.17
Effective 9/24/2019

