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?	☑ Yes	☐ No
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	☐ Yes	☑ No
3. Were constantly on guard, watchful, or easily startled?	☐ Yes	☑ No
4. Felt numb or detached from others, activities, or your surroundings?	☐ Yes	☑ No
5. Are there bad things that happened to you in the past and still affect you in your life today?	☐ Yes	☑ No

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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?	☑ Yes	☐ No
1A. If so by Whom: ok	☑	☐


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2. Do you feel safe in your current relationship? Yes No

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

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


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