Abuse Assessment Screen-Disability (AAS-D)

required by law to report it to the appropriate authorities who, in turn, may investigate your situation.	te

1. Within the last year, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?	
Yes No	
If Yes, who? (Circle all that apply)	
* Intimate Partner * Care Provider * Health Professional * Family Member * Other	
Please describe:	
2. Within the last year, has anyone forced you to have sexual activities?	
Yes No	
If Yes, who? (Circle all that apply)	
* Intimate Partner * Care Provider * Health Professional * Family Member * Other	
Please describe:	
3. Within the last year, has anyone prevented you from using a wheelchair, can respirator, or other assistive devices?	е,
Yes No	
If Yes, who? (Circle all that apply)	

	describe:	
4. Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?		
Yes	_ No	
If Yes,	who? (Circle all that apply)	
* T.,.4:	ate Partner * Care Provider * Health Professional * Family Member * Other	
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McFarlane, J, Hughes, R.B., Nosek, M.A., Groff, J.Y, Swedlund, N., Mullen, P.D. (2001) Abuse assessment screen-disability (AAS-D): Measuring frequency, type, and perpetrator of abuse towards women with physical disabilities. Journal of Women's Health and Gender-Based Medicine 10 (9) 861-866.