PARTNER ABUSE SCALE: Physical (PASPH)

Name: _____ Today's Date: _____

This questionnaire is designed to measure the non-physical abuse you have experienced in your relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

1 = None of the time
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

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1. _____ My partner physically forces me to have sex.
2. _____ My partner pushes and shoves me around violently.
3. _____ My partner hits and punches my arms and body.
4. _____ My partner threatens me with a weapon.
5. _____ My partner beats me so hard I must seek medical help.
6. _____ My partner slaps me around my face and head.
7. _____ My partner beats me when he or she drinks.
8. _____ My partner makes me afraid for my life.
9. _____ My partner physically throws me around the room.
10. _____ My partner hits and punches my face and head.
11. _____ My partner beats me in the face so badly that I am ashamed to be seen in public.
12. _____ My partner acts like he or she would like to kill me.
13. _____ My partner threatens to cut or stab me with a knife or other sharp object.
14. _____ My partner tries to choke or strangle me.
15. _____ My partner knocks me down and then kicks or stomps me.
16. _____ My partner twists my fingers, arms or legs.
17. _____ My partner throws dangerous objects at me.
18. _____ My partner bites or scratches me so badly that I bleed or have bruises.
19. _____ My partner violently pinches or twists my skin.
20. _____ My partner badly hurts me while we are having sex.
21. _____ My partner injures my breasts or genitals.
22. _____ My partner tries to suffocate me with pillows, towels, or other objects.
23. _____ My partner pokes or jabs me with pointed objects.
24. _____ My partner has broken one or more my bones.
25. _____ My partner kicks my face and head.

SAMPLE

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