

Project S.A.F.E. (Safe Assessment For Everyone) is concerned about your well being. Please take a moment to fill this out. All responses will be confidential.

1. How does the father of your baby feel about the pregnancy? Check all that apply:

happy     angry     denies he's the father     not sure

2. Do you feel safe at home?     yes     no

3. Are you in a relationship now with a man who threatens you with words or scares you?     yes     no

4. Are you in a relationship now with a man who is possessive of you, or tries to control you or your children?     yes     no

5. Are you in a relationship with a man who has ever hurt you (hits, slaps, shoves, chokes, or throws things at you)?     yes     no

6. Do you know where you could go or who could help you if you were worried about being hurt (abused)?     yes     no

If you want to talk to someone about this, please tell your nurse.

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

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Project SAFE-Department of Maternal Fetal Medicine, The Ohio State University Medical Center.

## Glucola Questionnaire Project S.A.F.E.

Dear Resident:

Please use these questions as a guide to assess your patient for domestic violence. You do not need to write responses down on this form. Just circle that you asked the questions on the orange sticker next to the glucola sticker. If you get any positive responses, please refer patient to HRPP. Thank you.

1. How are things going with you and the father of your baby at this point in the pregnancy?
2. Do you and the father of the baby fight? (physical or verbal)?  
If so, how do you work it out?
3. Does the father of the baby ever hurt or threaten you? When was the last time this happened?
4. Do you know where you could go for help if you were being hurt or abused?

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