Your Name:_____ ID_____ Date: _____

Control & Fear Questionnaires

Control

In the past 6 months did your partner:

		YES	NO
1.	Try to control your every move?	☐	☐
2.	Withhold money, make you ask for money, or take your money?	☐	☐
3.	Threaten to kill you?	☐	☐
4.	Threaten to hurt your family, friends, or pets?	☐	☐
5.	Refuse to take responsibility for violent behavior, putting the blame on you?	☐	☐
6.	Try to isolate you by keeping you away from your family or friends?	☐	☐
7.	Stalk or harass you or someone else at work or elsewhere?	☐	☐

Fear

People Who Fear Their Partner as a Potential Result of Therapy

		YES	NO
1.	Are you afraid of your partner?	☐	☐
2.	Are you uncomfortable talking in front of your partner?	☐	☐
3.	Do you worry that therapy might lead to violence?	☐	☐