Your Name:_____ ID_____ Date: _____

Acts of Physical Aggression Questionnaire

In the past 6 months has your partner:

	Yes Without Injury	Yes With Injury	Neither	No	Comments
1. Slapped you?					
2. Hit you?					
3. Kicked you?					
4. Bitten you?					
5. Scratched you?					
6. Shoved you?					
7. Tripped you?					
8. Whacked you?					
9. Knocked you down?					
10. Twisted your arm?					
11. Pushed you?					
12. Pulled your hair?					
13. Poked you?					
14. Pinched you?					
15. Strangled you?					
16. Smothered you?					
17. Karate chopped you?					
18. Kneed you?					
19. Stomped on you?					
20. Slammed you?					
21. Spit on you?					
22. Thrown an object at you?					
23. Hit you with an object?					
24. Threatened you with a weapon?					
25. Used a weapon (gun, knife, etc.) against you?					
26. Forced you to have sex?					
27. Raped you?					