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 your partner feel about the pregnancy? Check all that apply:

   _____ happy _____ angry _____ Refuses to be involved _____ not sure

2. Has your partner ever tried to mess with your birth control, or keep you from using birth control? (the pill, condom, shot, etc.) _____ yes _____ no

3. Does your partner ever make you have sex when you don't want to?
   _____ yes _____ no

4. Do you feel safe at home? _____ yes _____ no
   school? _____ yes _____ no
   work? _____ yes _____ no

5. Are you in a relationship now with someone who threatens you with words or scares you?
   _____ yes _____ no

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

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

8. 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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