

HITS Tool for Intimate Partner Violence Screening

Please read each of the following activities and fill in the blank that best indicates how often your partner acts in the way described:

How often does your partner Never Rarely Sometimes Fairly often Frequently

- | | | | | | |
|-------------------------------|------|------|------|------|------|
| 1. Physically hurt you | /__/ | /__/ | /__/ | /__/ | /__/ |
| 2. Insult or talk down to you | /__/ | /__/ | /__/ | /__/ | /__/ |
| 3. Threaten you with harm | /__/ | /__/ | /__/ | /__/ | /__/ |
| 4. Scream or curse at you | /__/ | /__/ | /__/ | /__/ | /__/ |

Each item is scored from 1 – 5. Thus, scores for this inventory range from 4 – 20. A score of greater than 10 is considered positive.

Please bring your completed sheet with you to the mediation.

If your score is 10 or greater, please call me to discuss this in advance of the mediation.