

Please mark each of the following which you have done during the course of this relationship;

<u>Unwanted touching</u>	<input type="checkbox"/> touch	<input type="checkbox"/> grab, grab clothes	<input type="checkbox"/> pull
	<input type="checkbox"/> flick, tap	<input type="checkbox"/> grip, squeeze, pinch	<input type="checkbox"/> pull across floor
	<input type="checkbox"/> spit	<input type="checkbox"/> shake	<input type="checkbox"/> pull hair, ear, body part
	<input type="checkbox"/> scratch	<input type="checkbox"/> grip/squeeze and injure	<input type="checkbox"/> pull by hair, ear, body part
	<input type="checkbox"/> poke (ie finger on chest)	<input type="checkbox"/> bend or twist body parts	<input type="checkbox"/> pull by hair, etc. across room
	<input type="checkbox"/> bump	<input type="checkbox"/> push, shove, or tackle	<input type="checkbox"/> throw around
	<input type="checkbox"/> body block	<input type="checkbox"/> restrain in any way	<input type="checkbox"/> pick up or carry
	<input type="checkbox"/> tearing or grabbing their clothes	<input type="checkbox"/> shove to ground	<input type="checkbox"/> bite
<u>Striking</u>	<input type="checkbox"/> slap open handed	<input type="checkbox"/> shove into wall or object	<input type="checkbox"/> gesture with weapon or object
	<input type="checkbox"/> spank	<input type="checkbox"/> kick while upright	<input type="checkbox"/> hit or touch with object
	<input type="checkbox"/> hit with closed fist to body	<input type="checkbox"/> kick while down	<input type="checkbox"/> hit or touch with weapon
	<input type="checkbox"/> hit or slap in face or stomach	<input type="checkbox"/> kick to vulnerable parts of body	<input type="checkbox"/> throw object
	<input type="checkbox"/> knock to ground	<input type="checkbox"/> kneeing	<input type="checkbox"/> cause damage or injure with weapon
	<input type="checkbox"/> martial arts blow	<input type="checkbox"/> martial arts kick	<input type="checkbox"/> burn
		<input type="checkbox"/> head butt	<input type="checkbox"/> behaving in an inappropriate or frightening manner in public or in front of others
<u>Frightening</u>	<input type="checkbox"/> possessing a weapon	<input type="checkbox"/> loud talk/yelling	<input type="checkbox"/> driving dangerously
	<input type="checkbox"/> gesturing with weapon	<input type="checkbox"/> accusations, insults	
	<input type="checkbox"/> carrying a weapon (other than job related, ie police)	<input type="checkbox"/> name-calling	
		<input type="checkbox"/> screaming, intimidation	
		<input type="checkbox"/> gesturing with fists	
<u>Property Damage</u>	<input type="checkbox"/> taking or hiding their property	<input type="checkbox"/> taking their pets	<input type="checkbox"/> hitting or striking objects
	<input type="checkbox"/> damaging their property	<input type="checkbox"/> giving away or selling their pets	<input type="checkbox"/> clearing/sweeping objects off of furniture
	<input type="checkbox"/> selling their property	<input type="checkbox"/> injuring or hurting their pets	<input type="checkbox"/> punching hole in wall
	<input type="checkbox"/> destroying their property	<input type="checkbox"/> killing pets	<input type="checkbox"/> breaking doors
<u>Threats</u>	<input type="checkbox"/> veiled or nonspecific threats	<input type="checkbox"/> threats of legal consequences	<input type="checkbox"/> threaten to hurt self
	<input type="checkbox"/> specific threats	<input type="checkbox"/> threats of financial consequences	<input type="checkbox"/> gesture to hurt self
	<input type="checkbox"/> threats of consequences	<input type="checkbox"/> threats to get custody of the children in the event of a divorce	<input type="checkbox"/> minor injury to self
	<input type="checkbox"/> threats to injure the other person or their loved ones	<input type="checkbox"/> blackmail ("If you don't...I will...")	<input type="checkbox"/> significant injury or threat to self
	<input type="checkbox"/> threats to kill		<input type="checkbox"/> suicide threats
			<input type="checkbox"/> suicide attempts
<u>Social/Interpersonal</u>	<input type="checkbox"/> insulting friends or family when they aren't present	<input type="checkbox"/> making decisions about their career or job or education	<input type="checkbox"/> keeping track of the other person's activities
	<input type="checkbox"/> insulting friends or family when they are present	<input type="checkbox"/> not supporting the other person's job or career or education	<input type="checkbox"/> monitoring their phone calls, odometer readings, other activities
	<input type="checkbox"/> condoning , restricting or vetoing contact with friends or family	<input type="checkbox"/> keeping them from job or education related activities	<input type="checkbox"/> use of cameras or listening devices without their knowledge
	<input type="checkbox"/> trying to restrict their contact with friends or family	<input type="checkbox"/> preventing them from going to work or school	<input type="checkbox"/> following them or checking up on their activities or movements without their knowledge
	<input type="checkbox"/> isolating from friends or family	<input type="checkbox"/> contacting them at work or school in an unwanted fashion	
<u>Withholding</u>	<input type="checkbox"/> withholding information which could be useful to the other person	<input type="checkbox"/> not providing adequately for their emotional and physical needs	<input type="checkbox"/> withholding affection
	<input type="checkbox"/> withholding money	<input type="checkbox"/> not keeping promises	<input type="checkbox"/> refusing to talk or discuss issues
	<input type="checkbox"/> withholding medications	<input type="checkbox"/> not performing agreed upon duties	<input type="checkbox"/> "forgetting"
			<input type="checkbox"/> "losing things"