

"HITS" A domestic violence screening tool for use in the community

HITS Tool for Intimate Partner Violence Screening: Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insult or talk down to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Threaten you with harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Scream or curse at you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

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.

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Domestic violence screening can easily be conducted by making the following asking these four simple questions:

1. Have you ever been hurt or threatened by your boyfriend/husband/partner?
2. Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner? **OR** Have your ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner during this pregnancy?
3. Have you ever been raped or forced to engage in sexual activity against your will?
4. Are you currently or have you ever been in a relationship where you were physically hurt, threatened, or made to feel afraid?

PRODUCED BY

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