

## Composite Abuse Scale Revised – Short Form (CAS<sub>R</sub>-SF)

INSTRUCTIONS: These questions ask about your experiences in adult intimate relationships. By adult intimate relationship we mean a current or former husband, partner or boyfriend/girlfriend for longer than one month.

1. Have you ever been in an adult intimate relationship? (Since you were 16 years of age)

- a) Yes
- b) No -- Skip out of remaining questions

2. Are you currently in a relationship?

- a) Yes
- b) No -- Go to Q4

3. Are you currently afraid of your partner?

- a) Yes
- b) No

4. Have you ever been afraid of any partner?

- a) Yes
- b) No

We would like to know if you experienced any of the actions listed below from any current or former partner or partners. If it ever happened to you, please tell us *how often* it usually happened in the past 12 months.

<b><i>My partner(s):</i></b>	<b>Has this <u>ever</u> happened to you?</b>		<b>IF YES, how often did it happen in the past 12 months?</b>					
	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Blamed me for causing their violent behavior	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Shook, pushed, grabbed or threw me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Tried to convince my family, children or friends that I am crazy or tried to turn them against me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Used or threatened to use a knife or gun or other weapon to harm me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Made me perform sex acts that I did not want to perform	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily

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Followed me or hung around outside my home or work	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Threatened to harm or kill me or someone close to me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Choked me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Forced or tried to force me to have sex	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Harassed me by phone, text, email or using social media	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Told me I was crazy, stupid or not good enough	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Hit me with a fist or object, kicked or bit me	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Kept me from seeing or talking to my family or friends	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Confined or locked me in a room or other space	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily
Kept me from having access to a job, money or financial resources	No	Yes	Not in the past 12 months	Once	A few times	Monthly	Weekly	Daily/ almost daily

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Composite Abuse Scale Revised – Short Form (CASR-SF). Version: September 2, 2016.