

Relationship Assessment Tool

Program _____

Home Visitor _____

Participant Name &/or ID # _____

Date Completed _____

Please circle the number (1-6) that best describes how you feel for each of the questions below.

	Disagree Strongly	Disagree Somewhat	Disagree a Little	Agree a Little	Agree Somewhat	Agree Strongly
1. My partner makes me feel unsafe even in my own home.	1	2	3	4	5	6
2. I feel ashamed of the things my partner does to me.	1	2	3	4	5	6
3. I try not to rock the boat because I am afraid of what my partner might do.	1	2	3	4	5	6
4. I feel like I am programmed to react a certain way to my partner.	1	2	3	4	5	6
5. I feel like my partner keeps me prisoner.	1	2	3	4	5	6
6. My partner makes me feel like I have no control over my life, no power, no protection.	1	2	3	4	5	6
7. I hide the truth from others because I am afraid not to.	1	2	3	4	5	6
8. I feel owned and controlled by my partner.	1	2	3	4	5	6
9. My partner can scare me without laying a hand on me.	1	2	3	4	5	6
10. My partner has a look that goes straight through me and terrifies me.	1	2	3	4	5	6
Column Totals						
Total of Column Totals	_____					

Adapted from the *Futures Without Violence Relationship Assessment Tool* and Smith, P.H., Earp, J.A., & DeVellis, R. (1995), *Development and validation of the Women's Experience with Battering (WEB) Scale*. *Women's Health*, 1, 273-288.