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**FAMILY VIOLENCE QUESTIONNAIRE**

**Please answer all of the following questions. Circle your response.**

**Your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Yes No 1. Do you fear being in the same room with the other party?
- Yes No 2. Do you believe you and the other party can communicate on an equal basis?
- Yes No 3. Are you psychologically intimidated by the other party?
- Yes No 4. Are you physically intimidated by the other party?
- Yes No 5. Are you afraid of the other party for any other reason?
- Yes No 6. Were financial, child rearing and family decisions shared?
- Yes No 7. Does the other party have a drug or alcohol problem?
- Yes No 8. Has the other party ever denied or threatened to deny access to your children?
- Yes No 9. Do you have any serious concerns about your child(ren)'s emotional or physical safety?
- Yes No 10. Has Child Protective Services ever been contacted regarding your family?
- Yes No 11. Has there been or is there currently a Protective Order or Peace Bond in this case?
- Yes No 12. Were the police or Texas Department of Public Safety ever called to your home during your marriage due to domestic violence?
- Yes No 13. Have you experienced any of the following types of abuse from any other party involved in this case?
- Yes No Verbal abuse
- Yes No Emotional abuse
- Yes No Physical abuse
- Yes No Sexual abuse

If you circled any of the four choices in question 13, please indicate in which of the following time frames the abuse(s) occurred:

\_\_\_ dating or engaged \_\_\_ Married or living together \_\_\_ While separated \_\_\_ Divorced

On a scale of 1 to 10, what best described your level of concern for you physical safety at this time? None Slight Moderate High Severe  
1 2 3 4 5 6 7 8 9 10