



UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: Abuse Screening Inventory (ASI)

SOURCE ARTICLE:

Swahnberg, K., Wijma, K. Validation of the Abuse Screening Inventory. *Scandinavian Journal of Public Health*. 2007; 35(5):330-4.

POPULATION:

Women (Sweden), general population, students

RESPONSE OPTIONS:

[This instrument has already been formatted by the author. Please see attached.]

SURVEY ITEMS:

[This instrument has already been formatted by the author. Please see attached.]

RELIABILITY INFORMATION:

Test-retest reliability:

- Kappa values ranged from 0.77 to 0.86

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

Swahnberg, K., & Wijma, K. (2007). Validation of the abuse screening inventory (ASI). Scandinavian journal of public health, 35(3), 330-334.

When presenting results using any survey information you obtained from the SABI, please acknowledge the University of North Carolina at Chapel Hill Center for AIDS Research (CFAR), an NIH funded program P30 AI50410.



UNC CFAR Social and Behavioral Science Research Core SABI Database

VALIDITY INFORMATION:

Types of validity assessed:

- Criterion-related validity (ASI compared to answers provided in a semi-structured interview, which was considered the gold standard)

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

Swahnberg, K., & Wijma, K. (2007). Validation of the abuse screening inventory (ASI). Scandinavian journal of public health, 35(3), 330-334.

When presenting results using any survey information you obtained from the SABI, please acknowledge the University of North Carolina at Chapel Hill Center for AIDS Research (CFAR), an NIH funded program P30 AI50410.

Abuse Screening Inventory © 2005 Klaas Wijma

INSTRUCTION

Please fill out the inventory by checking the box(es) or writing down the answer that corresponds best with your situation.

1. **How old are you?** _____ years old.

2. **What is the highest level of education that you have completed? (Please check only one box)**
 Primary school Secondary school High school
 University Other education, namely _____

3. **What was your principal level of employment during the past 12 months?**
 Employed Unemployed Studying
 Other (Please specify) _____

4. **Do you have a steady partner?**
 No Yes

5. **Do you have children?**
 No Yes

6. **During the past 12 months, have you been ill to such an extent that you were not able to do your daily duties for more than a total of 4 weeks?**
 No Yes

7. **During the past 12 months, have you had any physical complaints that a physician could not explain or could not find the cause of?**
 No Yes

8. **During the past 12 months, have you had serious anxiety problems?**
 No Yes

9. During the past 12 months, have you felt seriously low-spirited or depressed?

No Yes

10. During the past 12 months, have you had serious difficulties sleeping?

No Yes

11. Has anybody ever hit you, or bitten you, or tried to strangle you, or thrown objects at you so that you were very frightened? (Please check one box only)

No Yes, one time / a few times Yes, many times

12. Has anybody ever had sex with you against your will or forced you to witness others having sex? (Please check one box only)

No Yes, one time / a few times Yes, many times

13. Has anybody ever systematically and for a sustained period verbally tried to threaten, humiliate, repress, or frighten you, or tried to make you feel worthless or unwanted? (Please check one box only)

No Yes, for a single period Yes, for many periods

14. When you were in contact with the health care system, have you ever felt that someone offended you, or grossly humiliated you, or exercised blackmail against you, or disrespected you in such a way that later you were upset or ill at ease with what had happened? (Please check one box only)

No Yes, one time / a few times Yes, many times

15. How afraid were you at the time when something mentioned in questions 11-14 occurred?

0 1 2 3 4 5 6 7 8 9 10
Was not afraid at all Was extremely afraid

16. How much do you suffer now from what happened in questions 11-14?

0 1 2 3 4 5 6 7 8 9 10
Do not suffer at all Suffer extremely much