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Instrument for ICPSR 13642
Physical Abuse Scale

1A. Is spouse/partner present?

1A. [ ] PA1A

1. Yes Go to Family Legal Update (p. 137) and administer when partner is gone
2. No Continue

If PC is married or living with someone as a partner, Go to Q (2) and all questions refer to that partner.

If PC is not married or not living with a partner, Go to Q (1)

(1) Now, I have some more questions about your relationships.

1. Over the past year, that is since [REFER TO TIMELINE], have you dated someone or been involved in any relationship? [1. Yes 2. No]

(2) If you have been involved with more than one person in the past year, please think about the person that you were involved with the longest in the past year.

2A. Are (or were) you living with this person? [1. Yes 2. No]

2B. Are (or were) you married or engaged to this person?

01. Married
02. Engaged
03. Not married or engaged

2C. How many years or months have you been (or were you) in this relationship? (If it has been less than one month, please write in 01 in the “Months” box.)

5, 95 = DU 6, 96 = REF 7, 97 = NAP 8, 98 = DK 9, 99 = NA
(3) The following questions are focused on your relationship with [your spouse/partner/person you just told me about].

These questions are about how you and this partner have handled disagreements in your relationship. No matter how well a couple gets along, there are times when they disagree, get annoyed with each other, or just have fights because they’re in a bad mood or tired, or for some other reason. They also use many different ways of trying to settle their differences.

Please say “yes” if you have done this to your partner in the past year, or “no” if you have not done this in the past year.

In the past year, have YOU . . .

5. Pushed, grabbed or shoved your partner? [1. Yes 2. No]
8. Thrown or tried to throw your partner bodily? [1. Yes 2. No]
10. Choked or strangled your partner? [1. Yes 2. No]
11. Kicked, bitten, or hit your partner with a fist? [1. Yes 2. No]
12. Hit or tried to hit your partner with something? [1. Yes 2. No]
13. Beaten your partner up [multiple blows]? [1. Yes 2. No]
14. Threatened your partner with a knife or gun? [1. Yes 2. No]
15. Used a knife or gun on your partner? [1. Yes 2. No]

If any yes to 3-15, Go to Q. 16
If all responses are no, Go to Q. (19)

16. Has your partner received any injuries because of actions such as these? [1. Yes 2. No]
17. Has your partner needed medical attention or seen a doctor because of actions such as these? [1. Yes  2. No]

18. Has anyone called the police or social services because of actions such as these? [1. Yes   2. No]

(19) Now, I am going to read you a list of things your partner may have done to you in the past year. Please say “yes” if your partner has done this to you, and “no” if s/he has not.

In the past year has YOUR PARTNER . . . .


24. Thrown or tried to throw you bodily? [1. Yes  2. No]


27. Kicked, bitten, or hit you with a fist? [1. Yes  2. No]

28. Hit or tried to hit you with something? [1. Yes  2. No]

29. Beaten you up [multiple blows]? [1. Yes  2. No]

30. Threatened you with a knife or gun? [1. Yes  2. No]

31. Used a knife or gun on you? [1. Yes  2. No]

If any yes to 19-31, Go to Q. 32
If all responses are no, Go to Family Legal Update, next page

In the past year . . . .

32. Have you received any injuries because of actions such as these? [1. Yes  2. No]

33. Have you needed medical attention or seen a doctor because of actions such as these? [1. Yes  2. No]

34. Has anyone called the police or social services because of actions such as these? [1. Yes  2. No]