

## Appendix 1

### **Current prevalence of self-reported interpersonal violence among adult patients seen at a university hospital emergency department in Switzerland**

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**Modified version of the Partner Violence Screening questionnaire, used in this study**

VIOLENCE QUESTIONNAIRE «PVS»		ID Patient
Résultats p		
PVS –	PVS +	
Desired medical monitoring		
YES	NO	

**Thank you for your participation to this study. We invite you to answer this questionnaire by filling the answers which correspond to you. If you have a question or any doubts, we are at your disposal to inform you.**

1. Have you been hit, kicked, punched or otherwise hurt by someone in the past year, including the last 24 hours?  
 yes     no
2. Have you been threatened (orally, written) or constrained (morally, physically, sexually) by someone in the past year, including the last 24 hours?  
 yes     no

**If you answered no to these two questions, you can stop here and give us back the questionnaire.**



**If you answered yes to 1 or 2 of these questions, we invite you to continue the questionnaire.**



<p>3. If so, when ? (several answers possible)</p> <input type="checkbox"/> during the last year <input type="checkbox"/> during the last month <input type="checkbox"/> during the last 24h	<p>4. If so, does any weapon has been used ?</p> <input type="checkbox"/> makeshift weapon (bottle, stick, ashtray,...) <input type="checkbox"/> brass knuckles <input type="checkbox"/> bladed weapons (knife,...) <input type="checkbox"/> gun <input type="checkbox"/> none
<p>5. If so, have you consumed any of these listed substances before the facts ?</p> <input type="checkbox"/> alcohol <input type="checkbox"/> cannabis <input type="checkbox"/> cocaine <input type="checkbox"/> heroine <input type="checkbox"/> ecstasy <input type="checkbox"/> crack <input type="checkbox"/> amphetamine <input type="checkbox"/> none <input type="checkbox"/> don't know	<p>6. If so, has the abuser(s) consumed any of these listed substances before the facts?</p> <input type="checkbox"/> alcohol <input type="checkbox"/> cannabis <input type="checkbox"/> cocaine <input type="checkbox"/> heroine <input type="checkbox"/> ecstasy <input type="checkbox"/> crack <input type="checkbox"/> amphetamine <input type="checkbox"/> none <input type="checkbox"/> don't know

<p>7. If so, by whom? (several answers possible)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> unknown(s) person(s)</li> <li><input type="checkbox"/> known(s) or unknown(s) person(s) on the public space</li> <li><input type="checkbox"/> a bunch assault</li> <li><input type="checkbox"/> friends/acquaintance in private</li> <li><input type="checkbox"/> spouse</li> <li><input type="checkbox"/> intimate partner</li> <li><input type="checkbox"/> other person living in the domicile</li> <li><input type="checkbox"/> children/member of his/her family</li> <li><input type="checkbox"/> a professional in the line of his/her duty</li> <li><input type="checkbox"/> other.....</li> </ul>	<p>8. If so, where ? (several answers possible)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> at your home</li> <li><input type="checkbox"/> at another person's domicile</li> <li><input type="checkbox"/> coffee, bar, restaurant, nightclub</li> <li><input type="checkbox"/> public transport - specify : <ul style="list-style-type: none"> <li><input type="checkbox"/> metro</li> <li><input type="checkbox"/> taxi</li> <li><input type="checkbox"/> bus</li> <li><input type="checkbox"/> train</li> <li><input type="checkbox"/> boat</li> <li><input type="checkbox"/> plane</li> </ul> </li> <li><input type="checkbox"/> other.....</li> </ul>
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9. Do you feel safe with your partner or your entourage?

- yes       no

10. Is there any partner or someone in your entourage (present or past) which cause you an unsafe feeling?

- yes       no

11. Are these circumstances the reason of your present consultation at the Emergency department?

- yes       no

12. Have you ever spoken about this situation with your treating/family physician?

- yes       no       no treating/family physician

13. Would you like the emergency physician speaks about this situation with you?

- yes       no

**To complete by the investigators :**

14. The questionnaire couldn't be completed because :

- refusal of the person
- opposition of an accompanying person
- language problem/misunderstanding
- logistic problem (teams' omission for example)