NON-FATAL STRANGULATION DOCUMENTATION FORM

Patient Name: _____ Date: _____

Medical Record Number:_____ Time: _____

Strangulation is a serious event that often occurs in the context of intimate partner violence (IPV). Many times strangulation presents **NO VISIBLE INJURIES**. It is important to ask about strangulation in all IPV cases, and document positive disclosure or any signs and symptoms.

Strangulation Event History

How long did the strangulation last? ____ seconds ____ minutes ____ cannot recall

How many times did strangulation occur? _____

Why/how did the strangulation stop? _____

What type of strangulation occurred? (Check all that apply)

☐Hanging ☐Ligature ☐Manual ☐Other

What was used to strangle the patient?

☐Right hand ☐Left hand ☐Both hands ☐Unknown ☐Chokehold maneuver

☐Other (describe) _____

Was the patient smothered?

☐No ☐Yes (describe) _____

Was the patient shaken during the incident?

☐No ☐Yes (describe) _____

Was the patient's head pounded against any object during the incident?

☐No ☐Yes (describe) _____

Was the patient slapped, kicked, or bitten anywhere?

☐No ☐Yes (describe) _____

Was the assailant wearing any jewelry on hands or wrists?

☐Unknown ☐No ☐Yes (describe) _____

Describe the neck pressure during strangulation on a 0–10 scale (0=no pressure and 10=crushing pressure):

_____

What is the measurement of the patient's neck circumference? _____

Was the patient sexually assaulted?

☐No ☐Yes

What was the patient thinking during the strangulation?

_____

What did the assailant say before, during, or after the strangulation?

_____

Describe mannequin demonstration (where applicable)

_____

Signs/Symptoms of Strangulation

The following signs/symptoms should be asked about, assessed for and documented in writing, with body mapping, and by photo-imaging (if applicable). **Check ALL that apply.**

Signs	Prior to Strangulation	During Strangulation	After Strangulation	At time of Assessment
Face	☐ Red, flushed ☐ Petechiae ☐ Abrasions ☐ Cuts ☐ Lacerations ☐ Discoloration ☐ Swelling ☐ Other ______________	☐ Red, flushed ☐ Petechiae ☐ Abrasions ☐ Cuts ☐ Lacerations ☐ Discoloration ☐ Swelling ☐ Other ______________	☐ Red, flushed ☐ Petechiae ☐ Abrasions ☐ Cuts ☐ Lacerations ☐ Discoloration ☐ Swelling ☐ Other ______________	☐ Red, flushed ☐ Petechiae ☐ Abrasions ☐ Cuts ☐ Lacerations ☐ Discoloration ☐ Swelling ☐ Other ______________
Eyes	☐ Discoloration ☐ Swelling ☐ Abrasions ☐ Petechiae: **Conjunctiva** ☐ *Right* ☐ *Left* **Eyelids** ☐ *Upper right* ☐ *Lower right* ☐ *Upper left* ☐ *Lower left* ☐ Subconjunctival hemorrhage ☐ *Right* ☐ *Left* ☐ Ptosis ☐ *Right* ☐ *Left* ☐ Vascular congestion ☐ *Right* ☐ *Left* ☐ Other __________	☐ Discoloration ☐ Swelling ☐ Abrasions ☐ Petechiae: **Conjunctiva** ☐ *Right* ☐ *Left* **Eyelids** ☐ *Upper right* ☐ *Lower right* ☐ *Upper left* ☐ *Lower left* ☐ Subconjunctival hemorrhage ☐ *Right* ☐ *Left* ☐ Ptosis ☐ *Right* ☐ *Left* ☐ Vascular congestion ☐ *Right* ☐ *Left* ☐ Other _________	☐ Discoloration ☐ Swelling ☐ Abrasions ☐ Petechiae: **Conjunctiva** ☐ *Right* ☐ *Left* **Eyelids** ☐ *Upper right* ☐ *Lower right* ☐ *Upper left* ☐ *Lower left* ☐ Subconjunctival hemorrhage ☐ *Right* ☐ *Left* ☐ Ptosis ☐ *Right* ☐ *Left* ☐ Vascular congestion ☐ *Right* ☐ *Left* ☐ Other _________	☐ Discoloration ☐ Swelling ☐ Abrasions ☐ Petechiae: **Conjunctiva** ☐ *Right* ☐ *Left* **Eyelids** ☐ *Upper right* ☐ *Lower right* ☐ *Upper left* ☐ *Lower left* ☐ Subconjunctival hemorrhage ☐ *Right* ☐ *Left* ☐ Ptosis ☐ *Right* ☐ *Left* ☐ Vascular congestion ☐ *Right* ☐ *Left* ☐ Other __________
Nose	☐ Bleeding ☐ Swelling ☐ Petechiae ☐ Discoloration ☐ Other _______________	☐ Bleeding ☐ Swelling ☐ Petechiae ☐ Discoloration ☐ Other _______________	☐ Bleeding ☐ Swelling ☐ Petechiae ☐ Discoloration ☐ Other _______________	☐ Bleeding ☐ Swelling ☐ Petechiae ☐ Discoloration ☐ Other _______________

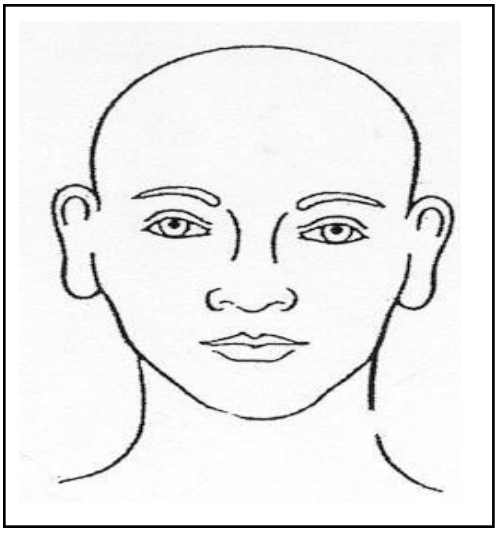
Signs	Prior to Strangulation	During Strangulation	After Strangulation	At time of Assessment
Mouth	☐ Discoloration ☐ Swollen tongue ☐ Swollen lips ☐ Cut ☐ Lacerations ☐ Abrasions ☐ Petechiae ☐ Other ___________	☐ Discoloration ☐ Swollen tongue ☐ Swollen lips ☐ Cut ☐ Lacerations ☐ Abrasions ☐ Petechiae ☐ Other ___________	☐ Discoloration ☐ Swollen tongue ☐ Swollen lips ☐ Cut ☐ Lacerations ☐ Abrasions ☐ Petechiae ☐ Other ___________	☐ Discoloration ☐ Swollen tongue ☐ Swollen lips ☐ Cut ☐ Lacerations ☐ Abrasions ☐ Petechiae ☐ Other ___________
Ears	☐ Petechiae ☐ *Right* ☐ *Left* ☐ Bleeding from ear canal ☐ *Right* ☐ *Left* ☐ Discoloration ☐ Auditory changes ☐ Other _____________	☐ Petechiae ☐ *Right* ☐ *Left* ☐ Bleeding from ear canal ☐ *Right* ☐ *Left* ☐ Discoloration ☐ Auditory changes ☐ Other _____________	☐ Petechiae ☐ *Right* ☐ *Left* ☐ Bleeding from ear canal ☐ *Right* ☐ *Left* ☐ Discoloration ☐ Auditory changes ☐ Other _____________	☐ Petechiae ☐ *Right* ☐ *Left* ☐ Bleeding from ear canal ☐ *Right* ☐ *Left* ☐ Discoloration ☐ Auditory changes ☐ Other _____________
Head/scalp	☐ Petechiae on scalp ☐ Pulled hair ☐ Contusions ☐ Other ____________	☐ Petechiae on scalp ☐ Pulled hair ☐ Contusions ☐ Other ____________	☐ Petechiae on scalp ☐ Pulled hair ☐ Contusions ☐ Other ____________	☐ Petechiae on scalp ☐ Pulled hair ☐ Contusions ☐ Other ____________
Neck/under Chin	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Ligature marks ☐ Subcutaneous emphysema ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Ligature marks ☐ Subcutaneous emphysema ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain ____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Ligature marks ☐ Subcutaneous emphysema ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Ligature marks ☐ Subcutaneous emphysema ☐ Other _____________
Shoulders	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Other _____________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Other _____________

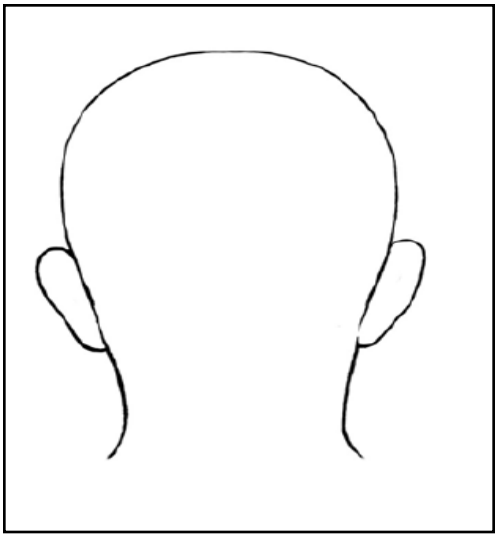
Signs	**Prior to Strangulation**	**During Strangulation**	**After Strangulation**	**At time of Assessment**
Chest	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Subcutaneous emphysema ☐ Other ______________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Subcutaneous emphysema ☐ Other ______________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Subcutaneous emphysema ☐ Other ______________	☐ Redness ☐ Scratch marks/ abrasions ☐ Bruises ☐ Neck pain _____ (Pain scale 0–10) ☐ Bruises ☐ Swelling ☐ Subcutaneous emphysema ☐ Other ______________

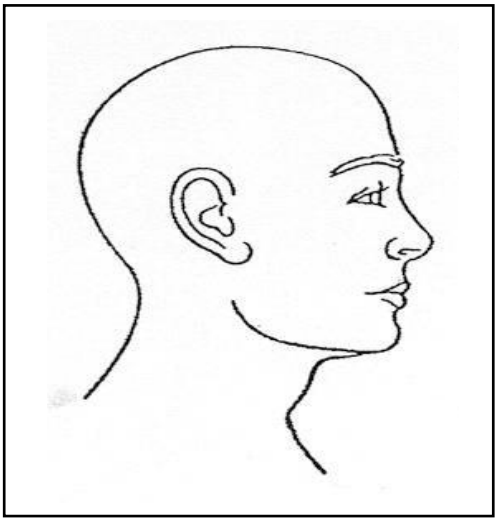
Symptoms	Prior to Strangulation	During Strangulation	After Strangulation	At time of Assessment
Behavioral	☐ Agitation ☐ Combative ☐ Anxiety ☐ Memory disruption ☐ Confusion ☐ Other ________	☐ Agitation ☐ Combative ☐ Anxiety ☐ Memory disruption ☐ Confusion ☐ Other ________	☐ Agitation ☐ Combative ☐ Anxiety ☐ Memory disruption ☐ Confusion ☐ Other ________	☐ Agitation ☐ Combative ☐ Anxiety ☐ Memory disruption ☐ Confusion ☐ Other ________
Neurological	☐ LOC ☐ Uncertain if LOC ☐ Incontinence of urine ☐ Incontinence of feces ☐ Seizures ☐ Headache ___ (Pain scale 0–10) ☐ Dizzy ☐ Fainting ☐ Tinnitus ☐ Visual changes ☐ Other ___________	☐ LOC ☐ Uncertain if LOC ☐ Incontinence of urine ☐ Incontinence of feces ☐ Seizures ☐ Headache ___ (Pain scale 0–10) ☐ Dizzy ☐ Fainting ☐ Tinnitus ☐ Visual changes ☐ Other ___________	☐ LOC ☐ Uncertain if LOC ☐ Incontinence of urine ☐ Incontinence of feces ☐ Seizures ☐ Headache ___ (Pain scale 0–10) ☐ Dizzy ☐ Fainting ☐ Tinnitus ☐ Visual changes ☐ Other ___________	☐ LOC ☐ Uncertain if LOC ☐ Incontinence of urine ☐ Incontinence of feces ☐ Seizures ☐ Headache ___ (Pain scale 0–10) ☐ Dizzy ☐ Fainting ☐ Tinnitus ☐ Visual changes ☐ Other ___________
Throat/Voice	☐ Dysphagia ☐ Odynophagia (pain) ☐ Dysphasia ☐ Aphasia ☐ Drooling or Inability to swallow ☐ Throat pain___ (Pain scale 0–10) ☐ Hoarse/Raspy ☐ Other _________	☐ Dysphagia ☐ Odynophagia (pain) ☐ Dysphasia ☐ Aphasia ☐ Drooling or Inability to swallow ☐ Throat pain___ (Pain scale 0–10) ☐ Hoarse/Raspy ☐ Other _________	☐ Dysphagia ☐ Odynophagia (pain) ☐ Dysphasia ☐ Aphasia ☐ Drooling or Inability to swallow ☐ Throat pain___ (Pain scale 0–10) ☐ Hoarse/Raspy ☐ Other _________	☐ Dysphagia ☐ Odynophagia (pain) ☐ Dysphasia ☐ Aphasia ☐ Drooling or Inability to swallow ☐ Throat pain___ (Pain scale 0–10) ☐ Hoarse/Raspy ☐ Other __________

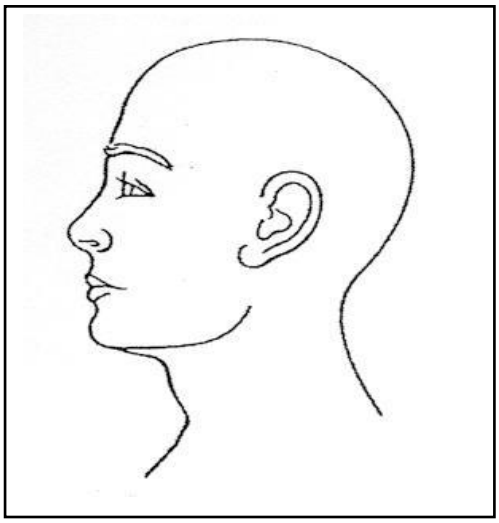
Symptoms	Prior to Strangulation	During Strangulation	After Strangulation	At time of Assessment
Respiratory	☐ Stridor ☐ Coughing ☐ Hyper-ventilation ☐ Respiratory distress ☐ Hemoptysis ☐ Inability to tolerate supine position ☐ Other _____	☐ Stridor ☐ Hoarseness ☐Hyper-ventilation ☐ Respiratory distress ☐ Hemoptysis ☐ Inability to tolerate supine position ☐ Other _____	☐ Stridor ☐ Hoarseness ☐ Hyper-ventilation ☐ Respiratory distress ☐ Hemoptysis ☐ Inability to tolerate supine position ☐ Other _____	☐ Stridor ☐ Hoarseness ☐ Hyper-ventilation ☐ Respiratory distress ☐ Hemoptysis ☐ Inability to tolerate supine position ☐ Other _____
Gynecological	☐ Vaginal bleeding ☐ Pregnant ☐ Contractions ☐ FHR ____ ☐ Other _____	☐ Vaginal bleeding ☐ Pregnant ☐ Contractions ☐ FHR ____ ☐ Other _____	☐ Vaginal bleeding ☐ Pregnant ☐ Contractions ☐ FHR ____ ☐ Other _____	☐ Vaginal bleeding ☐ Pregnant ☐ Contractions ☐ FHR ____ ☐ Other _____ ☐ EDC _____
Genitourinary	☐ Dysuria ☐ Other _____	☐ Dysuria ☐ Other _____	☐ Dysuria ☐ Other _____	☐ Dysuria ☐ Other _____
Gastrointestinal	☐ Nausea ☐ Vomiting ☐ Anal/rectal bleeding ☐ Abdominal pain ____ (scale 0-10)	☐ Nausea ☐ Vomiting ☐ Anal/rectal bleeding ☐ Abdominal pain ____ (scale 0-10)	☐ Nausea ☐ Vomiting ☐ Anal/rectal bleeding ☐ Abdominal pain ____ (scale 0-10)	☐ Nausea ☐ Vomiting ☐ Anal/rectal bleeding ☐ Abdominal pain ____ (scale 0-10)

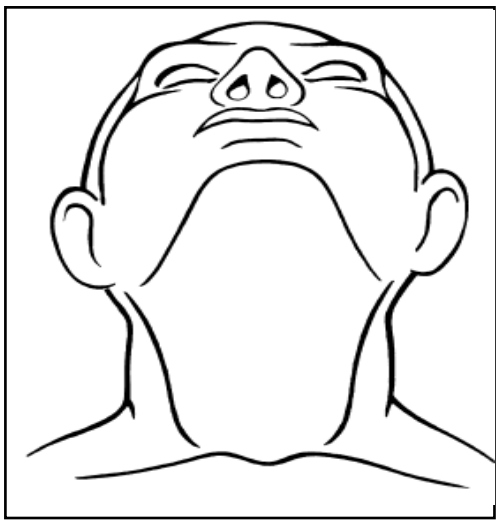
Please indicate all injuries checked above on the body maps below.

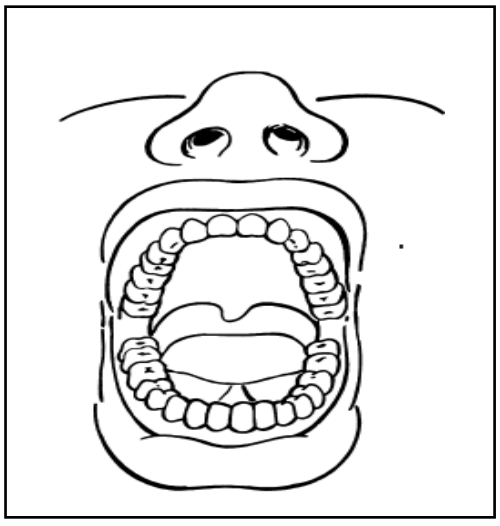












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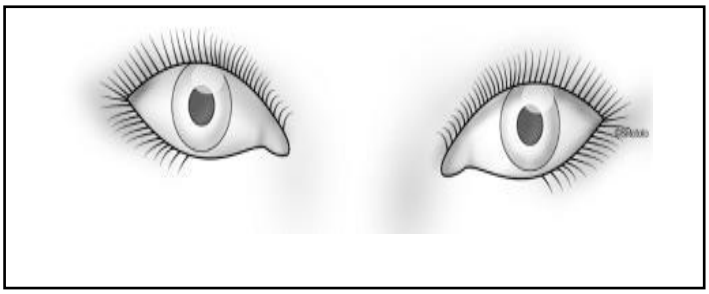

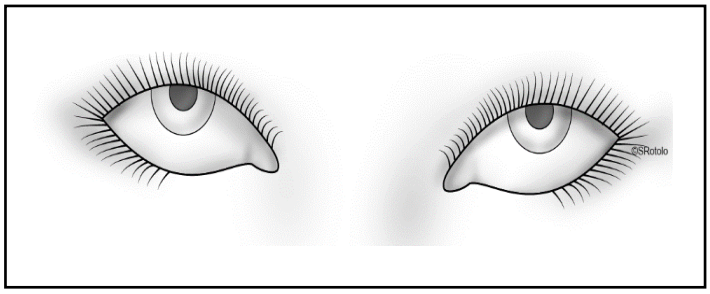

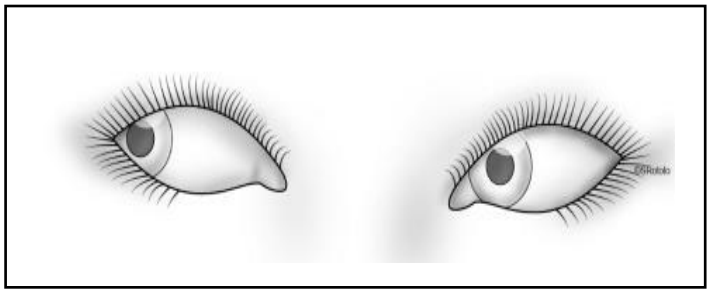

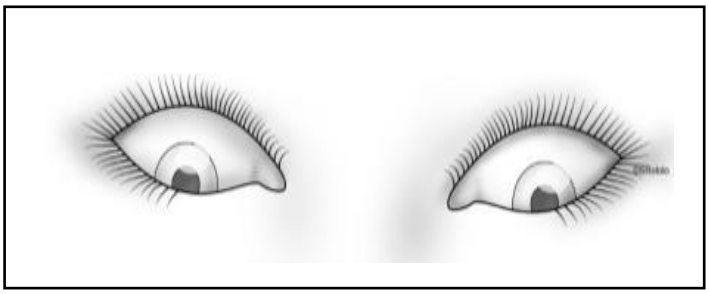

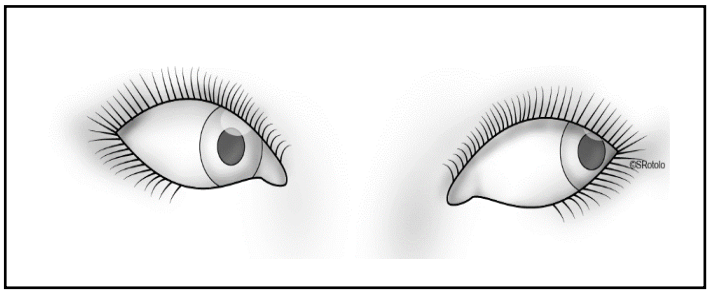

Photo-documentation of findings: ☐Yes ☐No

Notes _____