

## **FISTSS**

### Adolescent Violence Screening Questionnaire

*(Italics indicate modification of FISTSS mnemonic for adolescent violence screen.)*

#### **F=Fighting**

When was last pushing-shoving fight?

How many fights have you been in in the past month? Year?

*Have you witnessed any fights involving friends? Family?*

*Have the police ever come to your house because of a fight at home?*

*How is conflict resolved in your house?*

#### **I=Injuries**

Have you ever been injured in a fight?

Has anyone you know been injured or killed?

*Any family members?*

#### **S=Sexual Violence**

*What happens when you and your boy(girl)friend have an argument?*

Have you ever been forced to have sex against your will?

*Do you know anyone who has?*

#### **T=Threats**

Have you ever been threatened with a knife?

A gun?

*Are there any weapons in your house?*

#### **S=Self-defense**

How do you avoid getting in fights?

Do you carry a weapon for self-defense?

#### **S=Safety**

*Do you use a seatbelt? A helmet?*

*Do you put yourself in dangerous situations?*

Source: Cynthia Kuelbs, MD, Chadwick Center for Abused Children

