

Appendix 1 (as provided by authors): Drug-facilitated sexual assault study screening form

NOTE TO HEALTH CARE PROVIDERS:

This form is to be used with all clients. Please let clients know that while some questions might be perceived as sensitive, all questions will be posed to every client without exception for the purposes of gathering information for future outreach and programming. Clients must also be advised that they are free to *decline* to answer any question if they do not wish to provide an answer.

CLIENT NUMBER _____

Client Information

1. Date and time of presentation: _____
DD MM YYYY HH : MM

2. Age: __ __

3. Sex: Female Male Transgender

4. Cultural/Ethnic background: _____ Declined

5. Living Situation: Alone With family With non-relatives With partner/husband
 Shelter Institution Other _____ Declined

6. Employed:
 No Social Assistance/Welfare
Disability Other _____ Declined
 Yes Full-time
Part-time Declined

7. Student: Yes No Declined

8. Mental health problems within the past 6 months: Yes No Declined

Specify: _____

9. Physical and/or cognitive disabilities: Yes No Declined

Specify: _____

Sexual Assault

10. Does client suspect that s/he has been sexually assaulted?
- A. Knows s/he has been sexually assaulted (if yes, go to 11)
 - B. Suspects s/he has been sexually assaulted (does not know what happened)

↓

The following reasons for suspected sexual assault were given (check all that apply):

- a. Vague sensation that something is wrong/something sexual has happened
- b. Woke to find her/his clothing in disarray or unclothed
- c. Unexplained body fluids (e.g. semen) and/or foreign materials (e.g. used condom, dirt/grass) were found on the client's body or nearby
- d. Unexplained genital/anal/oral bleeding and/or bruising
- e. Unexplained bodily injuries (e.g. scratches, bruising)
- f. Woke to find uninvited person in bed and/or woke in a strange place
- g. Witness reported seeing client in compromised circumstances that client does not remember
- h. Other _____
- i. No valid reason given [NOTE: client **not** eligible for study]

Assault History

11. Approximate date and time: _____

DD MM YYYY HH : MM

12. Type of assault:	Kissing/Fondling	Yes	No	Don't know
	Cunnilingus/Fellatio	Yes	No	Don't know
	Oral/Anal/Vaginal Penetration	Yes	No	Don't know

13. Physical injuries? Yes No Don't know

14. Weapons? Yes No Don't know

Alcohol

15. Was alcohol consumed by the client prior to the sexual assault?

Yes No Doesn't know Declined

Drugs

16. Within the previous 72 hours, did the client consume any:

A. Prescription medication(s)?

No Yes _____ → List: _____

Approximate time taken: ___ : ___

Doesn't remember

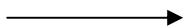
Declined

H H : M M

B. Over-the-counter medication and/or herbal preparations (e.g. cough syrup, Gravol, St. John's Wort)?

No

Yes



List: _____

Approximate time taken: ___ : ___

Doesn't remember

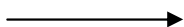
Declined

H H : M M

C. Street drugs (e.g. solvent abuse, illicit drugs such as marijuana, cocaine, etc)?

No

Yes



List: _____

Approximate time taken: ___ : ___

Doesn't remember

Declined

H H : M M

17. Client *suspects* s/he has been drugged.

A. Yes

B. No (go to question 18)



The following reasons for suspected drugging were given (check all that apply):

a. Total amnesia



Time of waking up: _____
Time of last memory: _____

b. Partial amnesia

c. Conscious paralysis (immobilized but aware)

k. Disinhibition

d. Loss of consciousness/blacked out

l. Delirium/hallucinatory state

e. Slurred speech

m. Impaired judgment

f. Impaired vision

n. Dizziness/lightheadedness

g. Drowsiness

o. Impaired motor skills

h. Confusion

p. Nausea/vomiting

i. Hangover/symptoms inconsistent
with amount of alcohol/drugs consumed

q. Witness reported seeing client acting
inconsistently with personality and/or
amount of alcohol/drugs consumed

j. No valid reason given [NOTE: client **not** eligible for study]

r. Other: _____

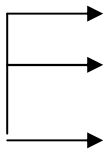
18. Based on your experience as an examiner, do you think a DFSA has occurred?

Yes

No

Time Frame

19. Has client presented within approximately 72 hours? Yes No Not sure
(client still eligible for study)

20. Client eligible for study: Yes  Admitted to study
[answered yes to 10B, 17A (with valid Client Declined
reasons) and yes or not sure to 19] Client not asked (reason)_____

No