St David's | South Austin Medical Center

STRANGULATION ASSESSMENT

Tracheal occlusion

During	After	Uncertain	At time of exam	N/A	
☐	☐	☐	☐	☐	Difficulty breathing
☐	☐	☐	☐	☐	Unable to breathe
☐	☐	☐	☐	☐	Breathing pattern change
☐	☐	☐	☐	☐	Difficulty speaking
☐	☐	☐	☐	☐	Unable to speak
☐	☐	☐	☐	☐	Difficulty or pain when swallowing
☐	☐	☐	☐	☐	Voice change
☐	☐	☐	☐	☐	Cough
☐	☐	☐	☐	☐	Sore throat
☐	☐	☐	☐	☐	Hemoptysis

Blood vessel occlusion

During	After	Uncertain	At time of exam	N/A	
☐	☐	☐	☐	☐	Light headed/close to losing consciousness
☐	☐	☐	☐	☐	Loss of consciousness
☐	☐	☐	☐	☐	Involuntary urination or defecation
☐	☐	☐	☐	☐	Urge to urinate or defecate
☐	☐	☐	☐	☐	Nausea or vomiting
☐	☐	☐	☐	☐	Headache
☐	☐	☐	☐	☐	Dizziness
☐	☐	☐	☐	☐	Feel disoriented
☐	☐	☐	☐	☐	Memory loss
☐	☐	☐	☐	☐	Vision changes or loss
☐	☐	☐	☐	☐	Hearing changes or loss

Describe hearing or vision changes/loss _____

_____

_____

Other symptoms

During	After	Uncertain	At time of exam	N/A	
☐	☐	☐	☐	☐	Unusual behavior
☐	☐	☐	☐	☐	Other pain or discomfort

Describe _____

_____

Examiner signature

Other symptoms, continued

Unexplained injuries _____

_____

How did your head or body feel during or after the strangulation? _____

_____

Past incidents of strangulation or choking ☐ yes ☐ no How many times/frequency? _____

Method

☐ one hand ☐ two hands ☐ arm ☐ object _____

Assailant's position ☐ in front of patient ☐ behind patient

Amount of force used (1-10 scale, 1 = little, 10 = most) _____

Did assailant shake you while strangling you? ☐ yes ☐ no

Pressure on chest (1-10 scale, 1 = little, 10 = most) _____ From what? _____

How many times did the assailant strangle you during this incident? _____

Was assailant wearing rings? ☐ yes ☐ no ☐ uncertain

Did you try to get assailant's hand(s)/arm/object off? ☐ yes ☐ no ☐ uncertain

If so, how? _____

Did assailant say anything during strangulation? _____

_____

What did you think would happen to you? _____

_____

Injury documentation

Face	□ Trauma	□ No trauma	□ Not assessed
Ears	□ Trauma	□ No trauma	□ Not assessed
Neck	□ Trauma	□ No trauma	□ Not assessed
Eyes	□ Trauma	□ No trauma	□ Not assessed
Eyelids	□ Trauma	□ No trauma	□ Not assessed
Mouth	□ Trauma	□ No trauma	□ Not assessed
Palate	□ Trauma	□ No trauma	□ Not assessed
Tongue	□ Trauma	□ No trauma	□ Not assessed
Submental	□ Trauma	□ No trauma	□ Not assessed
Scalp	□ Trauma	□ No trauma	□ Not assessed

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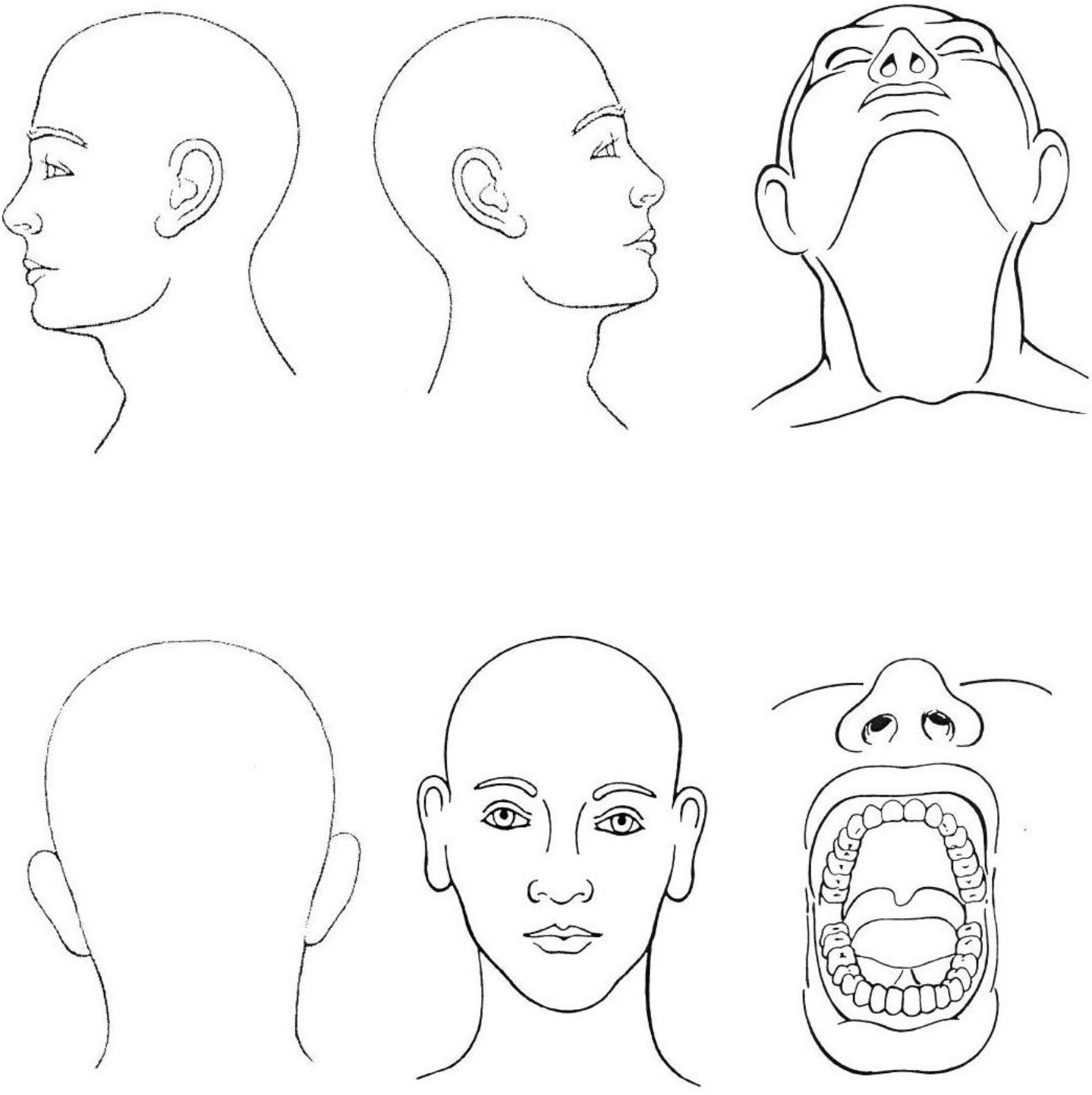

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Notes _____

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