I. SINCE THE TIME OF THE ASSAULT

Has the patient done any of the following since the assault?

Changed clothes: □ Yes □ No  If changed clothes, location and description of clothing:

Brushed teeth: □ Yes □ No

Used mouthwash: □ Yes □ No

Vomited: □ Yes □ No

Drank fluids/eaten: □ Yes □ No

Bathed/showered: □ Yes □ No  When was the last bath/shower: ______________________

Urinated: □ Yes □ No  # baths/showers since assault: ______________________

Defecated: □ Yes □ No

Douched: □ Yes □ No

Used tampon/pad: □ Yes □ No  # tampons/pads used since assault: ______________________

Used enema: □ Yes □ No

Collect oral swabs, then patient may have fluids.

For reported/suspected drug facilitated sexual assault, collect blood and urine ASAP.

HIV prophylaxis must be started within 72 hours.

Mandatory Reporting:

Serious physical injury: □ No □ Yes (Injury must be reported. Report of sexual assault not mandated.)

Injury from a deadly weapon: □ No □ Yes (Injury must be reported. Report of sexual assault not mandated.)

Younger than 18 years of age: □ No □ Yes

65 years of age or older: □ No □ Yes

Disabled or mentally ill: □ No □ Yes

If any mandatory reporting box checked yes:

Agency reported to: ______________________

Report made by: ______________________

Date/time of report: ______________________

Advocate called: □ Yes □ No  Others present during history: ______________________

Advocate present: □ Yes □ No  Others present during exam: ______________________

Interpreter used: □ Yes □ No  Name: ______________________

Language: ______________________
II. REPORT OF INCIDENT

This form is to be completed by ONE examiner.

- Report is not an exhaustive account of every detail of the sexual assault. It is a brief description for the purposes of diagnosis and treatment.
- Please recount the patient’s own words in quotes when possible.
- Do not include personal opinion or conjecture.
- Include only information that directly relates to this sexual assault, such as a brief description of physical surroundings, threats, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation, patient’s emotional states before, during, and after.
- Ensure that the patient understands your questions and vocabulary.
- Record patient’s own terminology. Do NOT sanitize language.

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(printed name of medical provider/nurse examiner) (signature of medical provider/nurse examiner) Date

OR-SATF, Revised October 2017
III. PERTINENT/RECENT HEALTH HISTORY

Has the patient undergone recent medical, surgical, or gynecological procedures or treatment which may affect physical findings or evidence collection?  □ Yes  □ No (describe)

Patient menstruating at time of assault: □ Yes  □ No  □ N/A  Last menstrual period: ____________________________
Patient currently using contraception: □ Yes, type of contraception used: ____________________________  □ No
Patient currently pregnant: □ Yes, # of weeks: ____________________________  □ No  □ Unknown
Consensual sexual contact within last five days (120 hours): □ Yes (answer questions below) □ No

If yes to consensual sexual contact within last five days:
Date/time of last consensual contact: __________________________________________
Name(s) of consensual sexual partner(s) within last five days: ____________________________
Type of sexual contact within last five days: □ Oral  □ Vaginal  □ Anal

IV. INFORMATION PERTAINING TO ASSAULT

Location of assault: __________________________________________
House/apartment, automobile, outdoors, other, unknown: __________________________________________
Did patient consume drugs/alcohol prior to assault: □ Yes, type/when: ____________________________  □ No
Did patient consume drugs/alcohol after the assault: □ Yes, type/when: ____________________________  □ No

V. ASSAILANT(S) INFORMATION

Total # of assailants: __________________________________________

Assailant (a):
Name: __________________________________________  □ Unknown
Description: __________________________________________
Relationship to patient: __________________________________________  Age: __________________________

Assailant (b):
Name: __________________________________________  □ Unknown
Description: __________________________________________
Relationship to patient: __________________________________________  Age: __________________________

Assailant (c):
Name: __________________________________________  □ Unknown
Description: __________________________________________
Relationship to patient: __________________________________________  Age: __________________________
VI. ACTS DESCRIBED BY THE PATIENT

Use patient’s words for penis, vagina, breast, buttocks, anus, ejaculation, etc.

Was there penetration:

Was there penetration: By:

Mouth: [ ] Yes [ ] No [ ] Attempted [ ] Unknown
By assailant: [ ] (a) [ ] (b) [ ] (c)
[ ] Penis [ ] Finger [ ] Tongue
[ ] Object/Other: __________________________

Vagina: [ ] Yes [ ] No [ ] Attempted [ ] Unknown
By assailant: [ ] (a) [ ] (b) [ ] (c)
[ ] Penis [ ] Finger [ ] Tongue
[ ] Object/Other: __________________________

Anus: [ ] Yes [ ] No [ ] Attempted [ ] Unknown
By assailant: [ ] (a) [ ] (b) [ ] (c)
[ ] Penis [ ] Finger [ ] Tongue
[ ] Object/Other: __________________________

Did ejaculation occur:

Did ejaculation occur: Vagina:

Mouth: [ ] Yes [ ] No [ ] Unknown
Anus: [ ] Yes [ ] No [ ] Unknown

By assailant: [ ] (a) [ ] (b) [ ] (c)
[ ] Penis [ ] Finger [ ] Tongue
[ ] Object/Other: __________________________

Object/Other:

Did ejaculation occur: External:

Yes [ ] No [ ] Unknown

If externally:

On patient’s body – where? __________________________
On an item/object – what? __________________________

During the assault did assailant(s):

During the assault did assailant(s):

Use a condom: [ ] Yes [ ] No [ ] Unknown
Use lubrication (saliva, Vaseline, etc.): [ ] Yes [ ] No [ ] Unknown
Kiss, lick, spit, or make other oral contact: [ ] Yes [ ] No [ ] Unknown
Touch the patient in any other way: [ ] Yes [ ] No [ ] Unknown

Any injuries to assailant(s): [ ] Yes [ ] No [ ] Unknown

Were acts performed by the patient on the assailant(s): [ ] Yes [ ] No [ ] Unknown

[ ] Masturbation [ ] Foreign object(s): __________________________
[ ] Other: __________________________

Weapons/force used?

Check all that apply per patient report/physical findings; describe the incident/body part involved.

[ ] Strangulation/choking: See strangulation report on next page
[ ] Verbal threats
[ ] Bites
[ ] Hitting
[ ] Gun
[ ] Knife
[ ] Blunt object
[ ] Other weapon
[ ] Restraints
[ ] Chemical(s)
[ ] Other physical force
(i.e. grabbed, grasped, held down)

Any injury to patient needs to be documented on bodygram and injury log.
VII. STRANGULATION ASSESSMENT

☐ Patient denies strangulation occurred
☐ Examiner assesses no signs or symptoms of strangulation

Strangulation can cause permanent damage or death if not assessed properly and immediately.

Screen for the following (check all that apply):

☐ Loss of consciousness
☐ Involuntary urination/defecation
☐ Difficulty/pain swallowing
☐ Memory loss
☐ Voice loss/changes
☐ Coughing
☐ Drooling
☐ Persistent throat pain
☐ Breathing difficulties
☐ Nausea/vomiting
☐ Headache
☐ Pain/tenderness
☐ Swelling/edema
☐ Combativeness/irritability/restlessness
☐ Uncontrolled shaking
☐ Hyperventilation
☐ Dyspnea/apnea
☐ Petechiae (scalp, eyelids, ears, oral cavity)
☐ Bruising
☐ Crepitus
☐ Abnormal carotid pulse

Patient’s description:
Estimated length of time strangulation occurred: ________________________________
Number of times patient was strangled during assault: _____________________________
Number of different methods used for strangulation during incident: __________________
Method(s) of strangulation: _________________________________________________
Description of strangulation event(s): ____________________________________________

Follow-up checklist:
☐ Advanced practitioner/LIP notified
☐ Patient provided discharge info with signs and symptoms upon which to seek emergency treatment

VIII. DRUG-FACILITATED SEXUAL ASSAULT ASSESSMENT

Consider collecting blood and urine for alcohol and drug testing as soon as possible if any boxes checked “Yes.”

Patient appears impaired, intoxicated, or has altered mental status: ☐ Yes ☐ No
Patient reports blackout, memory lapse, or partial or total amnesia for event: ☐ Yes ☐ No
Patient or other is concerned that he or she may have been drugged: ☐ Yes ☐ No

Suspected substances: __________________________________________________________

Collected for forensic evidence:
Blood: ☐ Yes ☐ No
Urine: ☐ Yes ☐ No

Drug and alcohol testing may be done for legal purposes. Legal specimens follow a chain of custody and are given to law enforcement, not sent to the medical lab. Separate consents for toxicology specimens need not be obtained, but patient should be informed that specimens are obtained.
XI. HEAD-TO-TOE EXAM

Affect assessment:
Describe objective behaviors you observe during exam (i.e. crying, laughing, wringing hands, pacing). Avoid subjective interpretations of patient’s mood and behavior (i.e. angry, sad, flat, anxious).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physical assessment:

<table>
<thead>
<tr>
<th></th>
<th>WNL</th>
<th>Description (use diagrams for injuries) – if not assessed, note not assessed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck/Shoulders</td>
<td></td>
<td></td>
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<tr>
<td>Chest/Breasts</td>
<td></td>
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<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left arm</td>
<td></td>
<td></td>
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<tr>
<td>Right arm</td>
<td></td>
<td></td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right leg</td>
<td></td>
<td></td>
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</tbody>
</table>
XI. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HEAD AND NECK
Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

☐ No physical findings noted at this time

Diagram Key:

A = Abrasion  AL = Alternate light source fluorescence  B = Bruising  BI = Bite  BU = Burn  C = Cut  CN = Contusion  E = Ecchymosis  FB = Foreign body/debris  LA = Laceration  PE = Petechiae  R = Redness  S = Swelling  SHX = Sample per history  SI = Suction injury  T = Tear  TE = Tenderness  OI = Other injury

Shade tender areas.
XI. HEAD-TO-TOE EXAM, cont. - BODYGRAM - FULL BODY
Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

☐ No physical findings noted at this time

Diagram Key:  A = Abrasion   AL = Alternate light source fluorescence
B = Bruising   BI = Bite   BU = Burn
C = Cut   CN = Contusion
E = Ecchymosis   FB = Foreign body/debris
PE = Petechiae   R = Redness
S = Swelling   SHX = Sample per history
SI = Suction injury   T = Tear
TE = Tenderness   OI = Other injury
Shade tender areas.

G.

H.

I.

J.
XI. HEAD-TO-TOE EXAM, cont. - BODYGRAM - HANDS AND FEET

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

☐ No physical findings noted at this time

Diagram Key:  A = Abrasion  AL = Alternate light source fluorescence  B = Bruising  BI = Bite  BU = Burn  C = Cut  CN = Contusion  E = Ecchymosis  FB = Foreign body/debris  LA = Laceration  PE = Petechiae  R = Redness  S = Swelling  SHX = Sample per history  SI = Suction injury  T = Tear  TE = Tenderness  OI = Other injury

Shade tender areas.
X. ANOGENITAL EXAM

Was lubricant used for exam: □ Yes, type: ______________________ □ No

**Physical assessment:**

Tanner Stage: □ I. □ II. □ III. □ IV. □ V.

<table>
<thead>
<tr>
<th>Item</th>
<th>WNL</th>
<th>Describe (use diagram for injuries) – if not assessed, note not assessed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clitoral hood/clitoris</td>
<td>□</td>
<td></td>
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<tr>
<td>Labia majora</td>
<td>□</td>
<td></td>
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<tr>
<td>Labia minora</td>
<td>□</td>
<td></td>
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<tr>
<td>Urethral meatus</td>
<td>□</td>
<td></td>
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<tr>
<td>Posterior fourchette</td>
<td>□</td>
<td></td>
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<tr>
<td>Fossa navicularis</td>
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<tr>
<td>Vaginal opening</td>
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<tr>
<td>Hymen</td>
<td>□</td>
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</tbody>
</table>

☐ Speculum exam declined

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<thead>
<tr>
<th>Item</th>
<th>WNL</th>
<th>Describe (use diagram for injuries) – if not assessed, note not assessed.</th>
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</thead>
<tbody>
<tr>
<td>Vagina</td>
<td>□</td>
<td></td>
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<tr>
<td>Cervix</td>
<td>□</td>
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<th>Item</th>
<th>WNL</th>
<th>Describe (use diagram for injuries) – if not assessed, note not assessed.</th>
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<tbody>
<tr>
<td>Foreskin</td>
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<td>Glans penis</td>
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<td></td>
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<tr>
<td>Penile shaft</td>
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<td></td>
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<tr>
<td>Urethral meatus</td>
<td>□</td>
<td></td>
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<tr>
<td>Scrotum</td>
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<tr>
<td>Testes</td>
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</table>

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<tr>
<th>Item</th>
<th>WNL</th>
<th>Describe (use diagram for injuries) – if not assessed, note not assessed.</th>
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<tbody>
<tr>
<td>Mons pubis</td>
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<td>Perineum</td>
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<tr>
<td>Perianal skin</td>
<td>□</td>
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<tr>
<td>Anus</td>
<td>□</td>
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<tr>
<td>Buttocks</td>
<td>□</td>
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<tr>
<td>Rectum/Anoscope</td>
<td>□</td>
<td>(if indicated)</td>
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</tbody>
</table>
X. ANOGENITAL EXAM, cont. - BODYGRAM - ANOGENITAL

Note: Physical findings should be noted on the bodygram that allows for the best visual representation. Duplication across bodygrams is not recommended.

☐ No physical findings noted at this time

Diagram Key:

A = Abrasion   AL = Alternate light source fluorescence   B = Bruising   BI = Bite   BU = Burn   C = Cut   CN = Contusion   E = Ecchymosis   FB = Foreign body/debris   LA = Laceration   PE = Petechiae   R = Redness   S = Swelling   SHX = Sample per history   SI = Suction injury   T = Tear   TE = Tenderness   OI = Other injury

Shade tender areas.
XI. INJURY LOG

Use injury log in conjunction with bodygrams to document type, size, shape, and color of injuries.

<table>
<thead>
<tr>
<th>Injury Number</th>
<th>Diagram Letter</th>
<th>Key Code</th>
<th>Photo Y/N</th>
<th>Pain 0-10</th>
<th>Description</th>
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</table>

(printed name of medical provider/nurse examiner)  (signature of medical provider/nurse examiner)  Date

OR-SATF, Revised October 2017
XII. EVIDENCE COLLECTION

A. Clothing (each item packaged in separate paper bag)
   ☐ Obtained: descriptions below
   ________________________________________________  ________________________________________________
   ________________________________________________  ________________________________________________
   ________________________________________________  ________________________________________________
   ☐ Not Obtained, reason: ________________________________________________

B. Head Hair Standards (24 shed/pulled hairs)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________

C. Oral Swabs (4 swabs)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________

D. Pubic Hair Standards (24 shed/pulled hairs)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________

E. Pubic Hair Combings (place with comb in envelope)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________

F. Vaginal-Cervical Swabs (4 swabs)
   ☐ Obtained Combined Vaginal-Cervical Swabs
   ☐ Obtained Blind Vaginal Swabs Only
   ☐ Not Obtained, reason: ________________________________________________
   ☐ Not Applicable

G. Penile Swabs (2 swabs: 1 damp followed by 1 dry)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________
   ☐ Not Applicable

H. Scrotal Swabs (2 swabs: 1 damp followed by 1 dry)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________
   ☐ Not Applicable

I. Anal Swabs – Exterior Skin (2 swabs: 1 damp followed by 1 dry)
   ☐ Obtained
   ☐ Not Obtained, reason: ________________________________________________
   ☐ Not Applicable
XII. EVIDENCE COLLECTION, cont.

J. Rectal Swabs – Interior Mucous Membrane (4 swabs)
   □ Obtained
   □ Not Obtained, reason: ____________________________________________
   □ Not Applicable

K. Alternate Light Source, Blue Maxx if available (2 swabs per site, 1 damp followed by 1 dry)
   □ Exam Performed with Positive Fluorescence, swabs obtained from: __________________________
   □ Exam Performed with Negative Fluorescence, no swabs obtained
   □ Not Performed, reason: ____________________________________________
   □ Not Applicable

L. Aggressive Handling: Strangulation, Physical Force, etc. (2 swabs per site, 1 damp followed by 1 dry)
   □ Obtained
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   □ Not Obtained, reason: ____________________________________________
   □ Not Applicable

M. Possible Saliva: Biting, Kissing, Licking, etc. (2 swabs per site, 1 damp followed by 1 dry)
   □ Obtained
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   Where: ____________________________________________________________
   □ Not Obtained, reason: ____________________________________________
   □ Not Applicable

N. Additional Evidence (2 swabs per site, 1 damp followed by 1 dry)
   □ Obtained
   Where/why: _________________________________________________________
   Where/why: _________________________________________________________
   Where/why: _________________________________________________________
   Where/why: _________________________________________________________
   □ Not Obtained, reason: ____________________________________________
   □ Not Applicable

O. Photographs
   □ Obtained by/with: (photographer/equipment) ____________________________
   □ Not Obtained, reason: ____________________________________________
   Notes about photographs: ____________________________________________
XIII. POLICE DEPARTMENT RECEIPT OF EVIDENCE

This certifies that on ___________ (date) at ___________ (time), evidence was:
☐ hand delivered to law enforcement
☐ locked in evidence locker per facility protocol

__________________________________________  __________________________  ____________
(printed name and title of receiving agency)    (signature of receiving agency)        Date

__________________________________________  __________________________  ____________
(signature of medical provider/nurse examiner)  (SANE #, if applicable)              Date

Please include a copy of pages 1 – 15 in SAFE kit envelope.
XIV. HIV RISK ASSESSMENT

Discussions with provider if any answers marked “yes.”
See CDC HIV Algorithm for more complete assessment.

- Vaginal or anal penetration by penis: [ ] Yes [ ] No [ ] Unknown
- Ejaculation on mucous membranes: [ ] Yes [ ] No [ ] Unknown
- Multiple assailants: [ ] Yes [ ] No [ ] Unknown
- IV drug use by assailant: [ ] Yes [ ] No [ ] Unknown
- Assailant has multiple sexual partners: [ ] Yes [ ] No [ ] Unknown
- Male assailant has male sexual partners: [ ] Yes [ ] No [ ] Unknown
- Sex industry or human trafficking (patient or assailant): [ ] Yes [ ] No [ ] Unknown

XV. TREATMENT

Include names and dosages for all medications given.

- Chlamydia prophylaxis: [ ] Yes: ________________________ [ ] No, why: ________________________
- Gonorrhea prophylaxis: [ ] Yes: ________________________ [ ] No, why: ________________________
- BV/trichomoniasis prophylaxis: [ ] Yes: ________________________ [ ] No, why: ________________________
- Negative pregnancy test: [ ] Yes [ ] No [ ] Not applicable
- Emergency contraception: [ ] Yes: ________________________ [ ] No, why: ________________________
- Tetanus vaccine: [ ] Yes: ________________________ [ ] No, why: ________________________
- Hepatitis B vaccine: [ ] Yes: ________________________ [ ] No, why: ________________________
- HIV nPEP: [ ] Yes: ________________________ [ ] No, why: ________________________
  - Date/time of first dose: ________________________
- Other medication: [ ] Yes: ________________________ [ ] No

XVI. FOLLOW-UP AND REFERRALS

- Referral packet given: [ ] Yes [ ] No
- Advocacy/crisis intervention agency: [ ] Yes, agency: ________________________ [ ] No
- Counseling/social worker: [ ] Yes [ ] No
- Safety plan by: ________________________
- Practitioner follow-up with: ________________________

DO NOT send this page to law enforcement or include in SAFE kit envelope.