Basic Variables-based Intake & Follow-Up Forms

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Questions (List of variables)	**Categories**	**Sub-categories**	**Instructions**
Case Details			
Type of Case:	Domestic Violence – Intimate Partner (Violence from husband/live-in partner) Domestic Violence by Marital Family Violence (Violence from husband's family) Domestic Violence - Natal Family Violence (Violence from birth family, parents, siblings, etc.)	Child Marriage Forced Marriage Right to Choice in relationships (Missing/Elopement cases)	Tick the category and subcategory of the type of case as applicable to the survivor/client Question may have more than one response

		Deprivation of Economic Resources Deprivation of Educational Opportunities Control over Choice, Expression and Mobility Converstion Therapy and/or “Corrective” Rape Perpetration of harmful traditional practices CSA- (by Family)	
	Rape (Non-partner Sexual Violence)	Specify if any of the following (laws applied might be enhanced): Caste- based Sexual Violence (Sexual violence and abuse rooted in caste oppression) Gender-identity or Sexual Orientation-based Sexual Assault	
	Sexual Harassment	Specify if any of the following:	

	Child Sexual Abuse (Non-family) Acid Attack Trafficking Witch-branding Any other _____	Workplace Harassment (POSH case i.e. sexual harassment from employer and colleagues at workplace) Public Space Harassment (Sexual harassment faced in public spaces) Tech-facilitated harassment (including online harassment, trolling, cyberbulling, impersonation & doxxing, unsolicited sexual content, digital surveillance, etc.)	
Case Registration No			Assign the case number as per practice

Case Registration Date	Date: _____ (DD/MM/YYYY)		Please note the date is of the day when the survivor comes to the intervention centre and is registered with the centre. Record in the DD/MM/YYYY format. Eg: 19the September 2025 will be recorded as **19.09.2025**
Time Case/Call Received	_____ AM/PM		Record time when the case was registered or time when call was received.
Counsellor/ Case Worker Name	_____		Record the name of the interventionist/counsellor/caseworker who registered the case.
Referred by:	Ex-Client Walk-in Community Youth Groups (specify as per program)		This question helps in understanding the pathway by which survivors are coming to the centre. Add categories as per you intervention. Select one option

	Community Leaders (Any religious and political leaders from the community) Community-based Social Workers or Activists Teachers or Educational Institute Heads (Specify as per program) Local Women's Group/Sangathan/SHG (Specify as per program) NGO Network Partners (Specify name _____) Mental Health Professionals Police (Specify as per program) Health Care Professional (Specify Department _____) Lawyer (Specify as per program) ASHA Anganwadi Identified through media (newspaper/journalist)		

	Helpline (Specify which helpline _____) CWC DLSA Any Other _____		
Profile of Survivors			
Name			
Age	___ yrs		Age to be recorded in completed years only . For example, if the survivor is 30 years and 5 months old, record the age as 30 years only.
Gender	Cis Man Cis Woman Transwoman Transman Non-binary/AMAB Non-binary/AFAB Gender fluid/ AMAB Gender fluid/ AFAB Do not want to disclose Could not ask Other		Depending on the scope of your intervention, you may choose to record data on a few or all of these given gender categories. You may also add more categories based on your interventions Select one option

Sexual Orientation	Heterosexual Lesbian Gay Bisexual Asexual Queer Pansexual Do not want to disclose Could not ask Other		Depending on the scope of your intervention, you may choose to record data on a few or all of the given categories. You may also add more categories based on your interventions Select one option
Religion:	Hindu Muslim Christian Sikh Parsi Jain Buddhist Sarna Other _____		Tick the religion category specified by the survivor. Select one option
Caste:	SC ST OBC General NT/DNT Survivor indicated no caste Other _____		Tick the caste category specified by the survivor. **Survivor indicated no caste-** Sometimes survivors, especially non-Hindus, may say that they do not write any caste category. This may be recorded here rather than leaving the space blank. Select one option

Civil Status:	Married Live-in Relationship Never Married Widow Separated Legally Separated Divorced Deserted NA		The columns relating to civil status or marriage details will not apply for children who come to the intervention center. Therefore, indicate indicate NA for them. Select one option
Education:	No formal education (Never been to school) Literate (Basic education, can write her name, signature, etc.) Primary (Completed schooling till 5th standard) Secondary (Completed schooling till 10th standard) Higher Secondary (Completed schooling till 12th standard) Graduate (Completed college graduation) PG (Completed post-graduation)		Education to be recorded in completed years only . For example, if the survivor has studied till class 9, select 'primary' completed. Select one option

	Vocational (Completed vocational training course) Diploma (Completed Diploma course) Other (Any other formal skilling or certificate courses)		
Employment Status:	Homemaker (Not undertaking any paid work) Student (Currently enrolled in schooling) Private Sector Worker (Employed in private companies/business) Government Worker (Any formal or contractual government employee, employed in government services) Informal Worker (Non-contractual workers like domestic workers, construction workers, daily wage workers, etc.) Self-employed (Micro-enterprise, home-based business owners, etc.) Other (Specify as told by the client)		Select one option
Monthly Income:	_____		

			Record average monthly income as specified by survivor.
Control over Income:	Yes No		Tick Yes/No as specified by the survivor. Indicates whether survivor has control and decision making-power regarding their own income.
Disability	Do you experience difficulty seeing, even when wearing glasses? Do you experience difficulty hearing, even when using a hearing aid? Do you experience difficulty walking or climbing steps? Do you experience difficulty remembering or concentrating? Do you experience difficulty with self-care activities such as washing or dressing? Do you experience difficulty communicating, for example, in understanding others or being understood?	☐ Yes ☐ No ☐ Maybe	Tick the category and subcategory as applicable to the survivor/client Helps identify disability across multiple domains of functioning.

	How often do you feel worried, nervous, or anxious?	☐ Daily ☐ Weekly ☐ Monthly ☐ A few times a year ☐ Never ☐ Refused to answer ☐ Don't know	[Read response categories] Tick the subcategory as applicable to the survivor/client Indicates survivor's emotional state.
	Do you take any medication for feelings of worry, nervousness, or anxiety?	☐ Yes ☐ No ☐ Refused to answer ☐ Don't know	Tick the subcategory as applicable to the survivor/client Indicates survivor's emotional state.
Official documents	Marriage/ Relationship related Documents: Marriage Certificate Marriage Photos List of Streedhan Receipts of Jewellery Rent Agreement Any other_____ Identification documents – Self/Survivor Birth Certificate Voter Card AADHAR Card Ration Card Transgender Identity Card Caste Certificate Disability Certificate Academic Certificates Passport Property Papers		Tick the ones that apply. Question can have more than one response.

	Health Reports Other Relevant Documents Birth Certificate of Children Bank Account Any investment documents in survivor's name Any other_____		
Age at Marriage:			Record in completed years only. For example, if the survivor says she was married at 18 years and 10 months old, record the age at marriage as 18 years only.
Currently pregnant:	Yes No		
Children	Number of children Number of minor children Age of youngest child Number of girl children		Record these details in a tabular format.
Profile of Perpetrator(s)			
No of Abusers			Record in whole number
Relationship of the abuser with the survivor	Husband Marital family Natal family Natal family other than parents Siblings		Based on your intervention, you may choose to further break down some of these options. Question can have more than one response.

	Partner Live-in Partner Children Husband and Marital family Husband and Natal family Children and Marital Family Neighbour Acquaintance Employer Coworker Teacher Stranger Police Management/staff of a jail, remand home, hospital, or women's/children's institution. Public Servant Other		
Name(s) of Abuser			
Age			In completed years. For example, if the perpetrator is 31 years and 8 months old, record the age as 31 years only. This category might be more relevant for domestic violence cases.
Religion	Hindu Muslim Christian Sikh Parsi Jain		Tick the religion category specified by the survivor. This category might be more relevant for sexual violence cases.

	Buddhist Sarna Other		
Caste	SC ST OBC General NT/DNT No caste indicated Other		Tick the caste category specified by the survivor. This category might be more relevant for sexual violence cases.

Duration of Abuse	_____ years	The duration of abuse has been ongoing before reaching the intervention center in years. To be recorded as a whole number of completed years. If violence is one incident (e.g. rape), then indicate "One time incident" If violence started less than 1 year ago, then record as "Less than 1 year"

Abuse Experienced:

Tick all the types of violence ever experienced by the survivors from the given list. If any type of violence or abuse mentioned by the survivor is missing from the list, it can be noted in 'any others' and described in the space under the type of violence.

Physical	**Emotional**	**Sexual**	**Financial**
Beating, slapping by hand	Verbal abuse	Forced sex	Not allowing her to seek employment
Pinching		Painful sex	
Pulling hair	Persistent Criticism	Forced oral sex	Denying her access to any money.
Pushing, shoving		Forced anal sex	
Twisting the arm	Isolation	Withholding sexual pleasure	Denying right to her own income

Banging the head on the wall & floor	Threats to throw acid on her face		
Punching the face		Sexual advances from other family members	Asking her for an explanation for every expenditure
Punching the chest	Threats to remarry		
Punching the abdomen	Husband not communicating with her	Denying her the use of contraceptives	Denying her food and shelter
Kicking the chest			
Kicking the stomach	Threats against her family	Forcing her to have children	Demanding money
Kicking her on the face			Dowry demands
Belting the woman	Suspicion	Corrective rape	Any others
Human bites on different body parts	Restricting Mobility	Forced hysterectomy and curtailment of sexual capacity	
Use of blunt instruments		Any others	
Use of sharp instruments	Humiliating her in public		
Strangulation	Extra marital affair		
Forcing her to consume poison	Control over time		
Burnt with acid or corrosive substance	Control over phone use		
Burnt with cigarette or flame	Any other		
Any others			

Health Consequences due to Violence:

Physical Health	**Reproductive Health**	**Physical Health Issues**	**Emotional Health Issues due to stress from violence**

		due to stress from violence	
Cuts	Genital Injuries	Headache	Feeling constant fear
Bruises	Redness	Poor Appetite	Worthlessness
Swelling	Itching	Poor Sleep	Forgetfulness
Fractures	Vaginal Discharge	Poor Digestion	Suicidal Ideation
B.P.	Irregular Menstrual Cycles	Feeling tried without apparent reasons	Suicidal attempts
Diabetes			Always preoccupied with thoughts
Thyroid	Unwanted Pregnancies	Shaking / shivering	
Permanent Disability	Any other (specify)	Any other (specify)	Nightmares
Spontaneous Abortion			Depressed unable to concentrate
Stillbirths			
Anemia			Any other (specify)

Any other (specify)			

Help sought <u>before</u> coming to your organization:

Institutions	**Why were they approached? (Document the expectation of the survivor)**	**Expectation fulfilled (Note as Yes or No)**	**What action was taken? (Qualitatively document the actions taken)**	**Time Taken for execution?**
Family (Natal)				
Family (Marital)				
Friends and Neighbour				
Mahila Sangathan (SHG/Local Women's group)				

Husband				
Religious Leaders or Political Leaders				
Customary Associations				

Institution	**Why were they approached? (Document the expectation of the survivor)**	**Expectation fulfilled (Note as Yes or No)**	**What action was taken? (Qualitatively document the actions taken)**	**Time Taken for execution?**
Panchayat	Specify if mediation and write other expectations Specify if assistance required in starting any formal processes			
CBO and NGO (including family counselling centres or other mediation centres or centres running inside police station or hospitals)	Specify if mediation and write other expectations			

	Specify if assistance required in starting any formal processes			
Doctor/ Health Care Professional	Specify if treatment required Specify if MLC required Specify if medical examination and proforma to be filled		Specify if MLC copy given and filled with correct details of abuse and abuser (special attention to burns, consumption of poison, other suicide attempt) Specify if proforma copy given and filled with correct details as per MoHFW guidelines	
Lawyer/ DLSA	Specify if legal advice sought Specify if PWDVA to be filed Specify if any other criminal case to be filed for domestic violence		Specify if PWDVA filed, reliefs sought Specify if she has copy of criminal complaint and what laws applied	
Protection Officer	Specify if PO approached in emergency and services sought		Specify if PO provided any emergency services	

	Specify if PO approached to fill DIR		Specify if DIR filed and what reliefs sought	
Police	Specify if approached for NC Specify if approached for FIR		Specify if NC filed Specify if FIR filed and sections registered	
CWC	Specify why CWC approached including emergency protections		Specify relief provided by CWC	
Shelter Home	Specify shelter sought from where and for how many days		Specify if shelter provided, where, and for how many days	
One Stop Centre	Specify if approached for any emergency services Specify if support sought for any other formal processes		Specify what emergency services provided Specify if support provided to start other formal processes	
Helplines	Specify which helpline and what information/intervention sought		Specify information/intervention given by helpline	

Employer	Specify if approached to file IC/LC complaint		Specify if complaint facilitated	
Any other				

Support Expected from Your Organisation:

Type of support		Elaborate (Qualitative document any specifics mentioned by the survivor)	Immediate Steps Taken (Qualitatively document action taken)
Socio-legal Advice	Yes No		
Joint meeting/ADR/Social Mediation	Yes No		
Psycho-social Counselling	Yes No		
Mental Health Counselling	Yes No		
Linkage to legal Aid	Yes No		
Shelter	Yes No		
Police Help and Facilitation	Yes No		

Linkage to Protection Officer	Yes No		
Medico legal Treatment and Documentation	Yes No		
Linkage to Cyber Cell	Yes No		
Linkage to Internal Committee/Local Committee	Yes No		
Linkage to Education	Yes No		
Linkage to Employment	Yes No		
Assistance for Citizenship Documents	Yes No		
Assistance for Schemes and Entitlements	Yes No		
Access to Legal Compensation	Yes No		
Linkage to CWC	Yes No		

Follow up plan (Organisation to record which stakeholders to be approached and what action to be taken)

FOLLOW UP SHEETS (NOT ALL SHEETS MIGHT BE RELEVANT FOR ALL CASES, TO BE USED AS PER ACTION DECIDED)

Add rows in the sheets as per number of follow-up efforts

	Mental Health and Psycho-social Counseling Follow-up Plan						
Follow Up Serial Number	**Registration Number of Survivor**	**Name of Survivor**	**Year**	**Month**	**Details of Counseling (Refer to survivor-level indicators for more close-ended responses)**	**Next Steps**	**Important Documents to be collected**

To be recorded as whole number	Open Ended	Open Ended	Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	Checking on survivor's mood/affect, thought process, attitude/behaviour. Follow up on any mental health related task given to survivor in the last session. Follow up on psychological safety/suicide risk assessment. Follow up on any other psychometric test administered.	Plan for the next session, reminders for aspects to be followed up.	

	Police Help and Facilitation Follow-up						
	Date of Police Approach/Assistance						
Follow Up Serial Number	Registration Number of Survivor	Name of Survivor	Year	Month	Details of Police Assistance	Next Steps	Important Documents to be collected
To be recorded as whole number	Open Ended	Open Ended	Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	WRITE IN NARRATIVE-FIR/NC, Statement, Forensic reports, Execution of DV orders, Streedhan recovery, Evidence submission, Chargesheet, Any other process	WRITE IN NARRATIVE-Plan for the next visit, reminders for aspects to be followed up.	

	Protection Officer						
	Date of Protection Officer Approach/Assistance						
Follow Up Serial Number	Registration Number of Survivor	Name of Survivor	Year	Month	Details of Police Assistance	Next Steps	Important Documents to be collected
To be recorded as whole number	Open Ended	Open Ended	Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	WRITE IN NARRATIVE-emergency service provided based on requirement Medical Assistance Shelter Assistance Legal Aid Assistance Counseling Services Assistance with Police Safety plan Other (Specify)	WRITE IN NARRATIVE-Plan for the next visit, reminders for aspects to be followed up.	

					Whether DIR filed Recovery of assets/home visit		

	Legal Aid Follow-up						
	Date of Initiating Legal Advice/Proceedings						
Follow Up Serial Number	Registration Number of Survivor	Name of Survivor	Year	Month	Details of Legal Assistance	Next Steps	Important Documents to be collected
To be recorded as whole number	Open Ended	Open Ended	Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	WRITE IN NARRATIVE-Contact with lawyer, legal counseling, reading of petition, filing of petition, court date, court proceeding, evidence, court mediation, grant of relief/order, judgement, appeal, any other details	WRITE IN NARRATIVE-Plan for the next visi, reminders for aspects to be followed up.	

	Medico legal Treatment and Documentation (Follow-up)						
	Date of Medical Assistance						
Follow Up Serial Number	Registration Number of Survivor	Name of Survivor	Year	Month	Details of Medical Assistance	Next Steps	Important Documents to be collected
To be recorded as whole number	Open Ended	Open Ended	Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	WRITE IN NARRATIVE-MLC /Medico-legal examination and sample collection, OPD/IPD treatment, Medication and Tests, Psychiatric Follow-up, Anything else	WRITE IN NARRATIVE-Plan for the next visit, reminders for aspects to be followed up.	

	Shelter (Follow-up)						
	Date of Shelter Assistance						
Follow Up Serial Number	**Registration Number of Survivor**	**Name of Survivor**	**Year**	**Month**	**Details of Shelter Assistance (Based on scope of services provided by shelter home)**	**Next Steps**	**Important Documents to be collected**
To be recorded as whole number	**Open Ended**	**Open Ended**	**Open Ended**	**January, February, March, April, May, June, July, August, September, October, November, December**	**WRITE IN NARRATIVE-Health, Legal follow ups, Family tracing / Home visit, Civil documents, linkages with schemes, coordination with child protection system**	**WRITE IN NARRATIVE-Plan for the next visit, reminders for aspects to be followed up.**	

	Joint-meeting / ADR / Social Mediation (Follow-up)							
	Date of Joint Meeting							
Follow Up Serial Number	**Registration Number of Survivor**	**Name of Survivor**	**Day**	**Year**	**Month**	**Details of Joint Meeting Assistance**	**Next Steps**	**Important Documents to be collected**
To be recorded as whole number	**Open Ended**	**Open Ended**		**Open Ended**	**January, February, March, April, May, June, July, August, September, October, November, December**	**WRITE IN NARRATIVE-Preparing the survivor for meeting, sending letter to responding party, discussion during meeting, any terms reached**	**WRITE IN NARRATIVE-Pla n for the next session, reminders for aspects to be followed up.**	

	Access to Compensation Schemes/ Entitlements/ Documents (Follow-up)							
	Date of Seeking Access to Schemes (DD/MM/YYYY)							
Follow Up Serial Number	Registration Number of Survivor	Name of Survivor	Day	Year	Month	Details of Assistance for access to schemes	Next Steps	Important Documents to be collected
To be recorded as whole number				Open Ended	January, February, March, April, May, June, July, August, September, October, November, December	WRITE IN NARRATIVE- which scheme is she seeking access to? Which stakeholder was approached? What processes were completed? What was the response of the stakeholders ?	WRITE IN NARRATIVE- Plan for the next session, reminders for aspects to be followed up.	