

**Attempted Strangulation Cases  
Documentation Worksheet**

**Symptoms and / or Internal Injury:**

<b>Breathing Changes</b>	<b>Voice Changes</b>	<b>Swallowing Changes</b>	<b>Behavioral Changes</b>	<b>Other</b>
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to Breathe <input type="checkbox"/> Other:	<input type="checkbox"/> Raspy Voice <input type="checkbox"/> Hoarse Voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to Speak <input type="checkbox"/> Other:	<input type="checkbox"/> Trouble Swallowing <input type="checkbox"/> Painful to Swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Other:	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Involuntary Urination <input type="checkbox"/> Involuntary Defecation

**Visible Injuries: \*Photograph any visible injury**

<b>Face</b>	<b>Eye &amp; Eyelids</b>	<b>Nose</b>	<b>Ear</b>	<b>Mouth</b>
<input type="checkbox"/> Red or Flushed <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch Marks	<input type="checkbox"/> Petechiae to Eyeball <input type="checkbox"/> R and / or <input type="checkbox"/> L  <input type="checkbox"/> Petechiae to Eyelid <input type="checkbox"/> R and / or <input type="checkbox"/> L  <input type="checkbox"/> Bloody Red Eyeball(s)	<input type="checkbox"/> Bloody Nose <input type="checkbox"/> Broken Nose <input type="checkbox"/> Petechiae	<input type="checkbox"/> Bruising behind Ear <input type="checkbox"/> R and / or <input type="checkbox"/> L  <input type="checkbox"/> Bleeding from Ear Canal  <input type="checkbox"/> Petechiae	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen Tongue <input type="checkbox"/> Swollen Lips <input type="checkbox"/> Cuts / Abrasions
<b>Under Chin</b>	<b>Chest</b>	<b>Shoulders</b>	<b>Neck</b>	<b>Head</b>
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch Marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch Marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch Marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch Marks <input type="checkbox"/> Bruising <input type="checkbox"/> Fingernail Impressions <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature Mark	<input type="checkbox"/> Petechiae (on scalp)  <b>Ancillary findings:</b> <input type="checkbox"/> Hair Pulled <input type="checkbox"/> Bump(s) <input type="checkbox"/> Skull Fracture <input type="checkbox"/> Concussion

**Investigative Questions:**

1. How and where was the victim strangled? List position and mechanism. Ligature Used?
2. How long? \_\_\_\_\_ seconds, \_\_\_\_\_ minutes.
3. Describe how hard was the suspect's grip was?
4. Is the suspect right or left handed? If known
5. Was the victim shaken simultaneously while being strangled? Straddled? Against Wall?
6. Was the victim's head being pounded against the wall, ground or object?
7. What did the victim think was going to happen?
8. What was the suspect's demeanor? Did the suspect make any statements while strangling the victim? What was the suspect's facial expression?
9. Describe prior domestic violence history? Prior threats?
10. Any prior incidents of strangulation? How many? How often?