**METHOD/MANNER OF STRANGULATION**

* How many hands were used? One, two? Were you placed in a chokehold? Was there a combination of these?
* Were you approached from the front, behind, or side? Was there combination of approaches?
* How many times were you strangled?
* Were you smothered in addition to the strangulation?
* Was a ligature used to strangle you?
* Were you wearing any jewelry around your neck at the time? Was the suspect (or insert name) wearing any jewelry on their hands or wrists?
* Were you lifted off the ground or suspended by your neck?

**DURING THE STRANGULATION**

* Did you have difficulty breathing?
* Did you have difficulty swallowing?
* Did you feel any increased pressure in your head or eyes?
* Did you feel any pain in your neck or throat?
* Were you able to talk? If so, did you have any difficulty? Did your voice sound normal?
* Did you have any changes to your vision (seeing spots, tunnel vision, blurry vision, everything going black, etc.)?
* Did you have any changes to your hearing (roaring, ringing, etc.)?
* Did you become dizzy or lightheaded?
* Did you bite your tongue or the inside of your mouth?
* Did you lose consciousness (passed out, blacked out, etc.)?
* Did you experience any mental status changes (restlessness, combativeness, amnesia, psychosis, etc.)?
* Did you lose control of urine or stool?
* Is there anything else you want to tell me about?

**IMMEDIATELY AFTER THE STRANGULATION**

* Did you have a cough?
* Did you have trouble swallowing?
* Did you have a sore throat?
* Did you have any changes to your voice (hoarseness, raspy, or complete loss)?
* Did you have any changes to your vision (seeing spots, tunnel vision, blurry vision, everything going black, etc.)?
* Did you have any changes to your hearing (roaring, ringing, diminishment, etc.)?
* Did you have any changes to your breathing (difficulty or inability to breathe)?
* Did you become dizzy or lightheaded?
* Did you lose consciousness?
* Did you experience any mental status changes (restlessness, combativeness, amnesia, psychosis, etc.)?
* Did you vomit? If so, how many times?
* Did you have any neck pain?
* Did you have a headache?
* Did you have any weakness/numbness/paralysis of any of your extremities?

If the patient is pregnant:

* Did you have any abdominal cramping/pain, vaginal discharge, or bleeding?
* Did the baby move as they normally do?

**AT THE TIME OF THE EXAM**

* Do you have a cough?
* Do you have a sore throat?
* Are you having trouble swallowing, or does it hurt to swallow?
* Do you have any changes to your voice (hoarseness, raspy, or complete loss)?
* Do you have any changes to your vision (seeing spots, tunnel vision, blurry vision, everything going black, etc.)?
* Do you have any changes to your hearing (roaring, ringing, diminishment, etc.)?
* Do you have any changes to your breathing (difficulty or inability to breathe)?
* Are you dizzy or lightheaded?
* Do you have a headache?
* Did you have any neck pain?
* Did you have any weakness/numbness/paralysis of any of your extremities?

If the patient is pregnant:

* Are you having any abdominal cramping/pain, vaginal discharge, or bleeding?
* Is the baby moving normally?