Healthy Decisions

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Referral contact info:
Name:
Mailing address:
Phone:
Fax:
email:
Required reporting frequency:

INITIAL ASSESSMENT

Name _____ Date _____

Address: _____ Telephone: _____
Street

_____ (W) _____
City State

County: _____

Interviewer:

Victim's name(s), age(s) & address: _____

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1. Referral is **Mandated** or **Voluntary**. County/City: _____

a) **Mandated**: Time required to attend course: weeks.

Referral source:

1) Family Court: Judge: _____

2) Criminal Court: Judge: _____ Court: _____

3) Probation: Probation officer: _____

4) Prosecuting Attorney's Office Name: _____

5) Pre-Trial

6) Social Services: _____

7) Other: _____

Court ID #: _____ Date referral rec'd: _____

2. Were you arrested in connection with this incident?

3. Were you convicted? If yes, for (underline all that apply):

1) Harassment 2) Disorderly Conduct 3) Assault 4) Reckless Endangerment

5) Attempted Assault 6) Menacing 7) Trespassing 8) Violation of Order

9) Other (explain): _____

4. Are you on diversion or deferred sentence?

5. Is your case pending hearing, trial, or sentencing? If yes, which?

6. Were you in jail/prison and are now on parole? If yes, how long inside and for what?

7. Are you on probation?

8. Is there a No Contact Order or a Restraining Order currently in place against you?
If yes, which court?

9. Indicate the type of R. O. or No Contact Order:

1) Unknown 2) Temporary 3) Permanent

and the period covered: Dates: _____ to _____ Unknown

10. Have you ever been arrested before this incident?

If yes, when and for what?

b) **Voluntary**: Time required to attend course: weeks. (Healthy Decisions is 26 weeks minimum)

Referral source:

1) Own Attorney: _____

2) Mental Health (Specify): _____

3) Partner

4) Alcohol/Substance Abuse Agency (Specify):

5) Self

6) Other (Specify): _____

DEMOGRAPHIC DATA

11. Date of birth: _____

12. Highest level of education: _____

13. Current employment status (all that apply):

1) Unemployed 2) Part time 3) Full time 4) Seasonal 5) Student

6) Disabled 7) Retired

12. Current or most recent occupation: _____

13. Who do you currently live with?_____

14. Do you know where the victim(s) is currently living?
If yes, where?

15. What relationship did you have with the victim(s) that resulted in your referral here?

16. Total time you have/had been in a relationship with the victim(s):

17. Do you have children? If yes, how many?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

Child name: _____ Mother name:_____

Age:_____ Gender:_____ Live w/you?

18. Other than your own children, are there any other children living with you?

Child name: _____ Mother name: _____

Age: _____ Gender: _____

Child name: _____ Mother name: _____

Age: _____ Gender: _____

Child name: _____ Mother name: _____

Age: _____ Gender: _____

Child name: _____ Mother name: _____

Age: _____ Gender: _____

Child name: _____ Mother name: _____

Age: _____ Gender: _____

Child name: _____ Mother name: _____

Age: _____ Gender: _____

19. Who disciplines the children and how are they disciplined?

20. Has anyone else told you that they think you have been abusive or neglectful to the children?
If yes, which child(ren)?

21. Do you think that abusive behavior towards your victim affects the children?
If yes, how?

22. What specific abusive acts did you do to your victim(s) during the incident that resulted in your referral (all that apply)?

1) Threatened death or physical harm 2) Spanked 3) Pinched or poked 4) Pulled hair 5) Grabbed 6) Slapped 7) Punched 10) Kicked 11) Choked 12) Burned 13) Threatened or hit with weapon (Includes belt, stick, etc.) 14) Knocked out 15) Sexual activity 16) Can't really remember 17) Pushed or shoved 18) Restrained against will 19) Threw or broke things 20) Beat up 21) Yelled/Screamed

23. Were you under the influence of drugs or alcohol during the incident that brought you here?

24. During childhood, was any family member abusive to you? If yes, who?

25. What did they do to you (all that apply)?:

1) Threatened death or physical harm 2) Spanked 3) Pinched or poked 4) Pulled hair

5) Grabbed 6) Slapped 7) Punched 10) Kicked 11) Choked 12) Burned 13) Threatened or hit with weapon (Includes belt, stick, etc.) 14) Knocked out 15) Sexual activity 16) Can't really remember 17) Pushed or shoved 18) Restrained against will 19) Threw or broke things 20) Beat up 21) Yelled/Screamed

26. During childhood, were you a witness to abuse against another family/household member(s)?
If yes, who was the abuser? Who were the victims?

27. What did you see or hear (all that apply)?:

1) Threatened death or physical harm 2) Spanked 3) Pinched or poked 4) Pulled hair 5) Grabbed 6) Slapped 7) Punched 10) Kicked 11) Choked 12) Burned 13) Threatened or hit with weapon (Includes belt, stick, etc.) 14) Knocked out 15) Sexual activity 16) Can't really remember 17) Pushed or shoved 18) Restrained against will 19) Threw or broke things 20) Beat up 21) Yelled/Screamed

27. Have you ever had a DUI arrest or charge?
If yes, when?

28. Have you ever been arrested for possession, manufacture, or delivery of a controlled substance?
If yes, when and for what?

29. Are you now or have you ever been involved in a program, support group and/or counseling (hospital, detox, etc.) to deal with alcohol or drug abuse?

If yes, where and when?

Dates of participation:

30. Does your victim or anyone else tell you that he/she/they think you have a drinking or drug problem?
If yes, who?

31. Do you believe you now have or have ever had a drug problem?
If yes, what drug(s) and when?

32. For each of the following, indicate the date you last used it, how often you normally use it, and how much do you normally use?

1) Marijuana 2) Crank/speed/meth

3) Cocaine 4) Heroin

5) Downers 6) X/Ecstasy

7) Crack 8) LSD

9) Mushrooms 10) Other (describe)_____

33. Have you ever had feelings or thought of suicide or sometimes feel like life is not worth living?
    If yes, explain:

34. Has any member of your family or any close friend committed suicide?
    If yes, explain:

35. Do you find yourself in a blue mood or unhappy much of the time?

36. Do you sometimes have daydreams about others hurting themselves or someone else?
    If yes, explain:

37. Do you have any experience using guns or other weapons?
    If yes, Explain:

38. Have you ever been any of the following? (all that apply)

    1) In Military Service — If In Military Service:
    2) Law Enforcement — 4) Combat
    3) Security Guard — 5) No combat

39. What type of weapons do you own or have access to?

40. Do you carry a pocket or utility knife or other weapon?
    If yes (always or sometimes), what do you carry?: _____

[NOTE: YOU MAY NOT BRING ANY WEAPONS TO YOUR GROUP]

41. Have you ever used a weapon to protect yourself or to threaten or control someone else?
    If yes, explain:

42. Have you ever felt like setting fire to someone's house, car, or clothes?
    If yes, explain:

43. Do you feel like you own your partner or children?
    If yes, explain:

44. Do you believe your partner and/or children are obligated to obey you?
    If yes, explain:

45. Do you sometimes feel like your life would be ruined if you lost your partner or children?
    If yes, explain:

46. When you are stressed out, what seems to calm you down?

47. Have you ever felt that if you can't have your victim(s) then no one else can?
If yes, explain:

48. Have you ever felt like taking your partner or someone else hostage?
If yes, explain:

49. Has there been a recent change in your weight?
If yes, explain:

50. Do you ever feel like you are losing control of yourself?
If yes, explain:

51. Have you ever checked up on your victim (following, calling, etc.)?
If yes, explain:

52. Have you ever intercepted your victim's communications (mails, emails, phone calls, etc.)?
If yes, explain:

53. Have you ever tried to interfere in your victim's relationships with other people (co-workers, friends, etc.)?
If yes, explain:

54. Have you ever injured a pet or an animal?
If yes, explain:

HEALTH

55. Do you have any serious health problems?
If yes, explain:

56. Have you ever had a serious illness or accident, or been in the hospital?

If yes, explain:_____

Head injuries? Unconscious?

57. Do you take any prescription drugs?

If yes, which ones and what are they for?:

Drug name:_____ For: _____

Drug name:_____ For: _____

Drug name:_____ For: _____

Drug name:_____ For: _____

Drug name:_____ For: _____

Drug name:_____ For: _____

58. How often do you take your prescription drugs?

Drug name:_____ How often: _____

Drug name:_____ How often: _____

Drug name:_____ How often: _____

Drug name:_____ How often: _____

Drug name:_____ How often: _____

Drug name:_____ How often: _____

59. Are you currently receiving mental health/psychiatric counseling or treatment?

    If yes, name of facility, program and/or therapist:

60. Have you ever been hospitalized for mental health reasons?

    If yes, facility/date & year:

61. How hostile or angry do you feel right now?

1	2	3	4	5	6	7	8	9	10
None									Extremely

62. How would you describe your mood at the present time?