

EDUCATION		
1. Highest grade level completed:	<input type="radio"/> Graduate Studies <input type="radio"/> College Graduate – 4 year degree <input type="radio"/> College Graduate – 2 year degree <input type="radio"/> High School Diploma/GED, and some college courses <input type="radio"/> Vocational Certificate <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> 11 th Grade or Less	
2. Expelled from or quit school: (select all that apply)	<input type="checkbox"/> Never expelled/never quit school <input type="checkbox"/> Expelled between grades 1-8 <input type="checkbox"/> Expelled between grades 9-12 <input type="checkbox"/> Expelled for criminal behavior <input type="checkbox"/> Expelled for non-criminal behavior <input type="checkbox"/> Quit: Failing classes <input type="checkbox"/> Quit: Legal troubles <input type="checkbox"/> Quit: Peer pressure, being bullied <input type="checkbox"/> Quit: Chose employment <input type="checkbox"/> Quit: Family obligations <input type="checkbox"/> Quit: Lacked interest or motivation <input type="checkbox"/> Quit: Pregnant <input type="checkbox"/> Quit: Medical or Mental Health reason <input type="checkbox"/> Quit: Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Communication barrier/Interpreter required:	<input type="radio"/> English is primary language, and is able to read and speak English <input type="radio"/> English is primary spoken language, but unable to read English <input type="radio"/> English is <u>not</u> primary language, but verbal communication is adequate in English <input type="radio"/> Unable to communicate in English, interpreter required If this response is selected, note primary language: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
4. Offender's motivation for more academic or vocational education:	<input type="radio"/> Is actively participating as a full-time student, internally motivated <input type="radio"/> Is actively participating as a part-time student, internally motivated <input type="radio"/> Only participating due to legal requirement <input type="radio"/> Verbalizes desire to continue education, but not actively taking steps <input type="radio"/> Sees no need for more education – Has High School Diploma or GED <input type="radio"/> Sees no need for more education – Lacks High School Diploma or GED <input type="radio"/> Refusing to continue education, despite legal requirement	
COMMUNITY EMPLOYMENT		
1. Longest period of continuous legal employment in the community since age 18:	<input type="radio"/> Never employed <input type="radio"/> Less than 6 months <input type="radio"/> 6 months to 1 year <input type="radio"/> More than one year up to 3 years <input type="radio"/> More than 3 years	
2. Problems while employed since age 18: (Select all that apply)	<input type="checkbox"/> Never employed <input type="checkbox"/> No problems while employed <input type="checkbox"/> Fired or quit because of poor performance/poor attendance <input type="checkbox"/> Fired or quit because of interpersonal problems with employer or coworkers <input type="checkbox"/> Fired or quit because of anti-social/criminal behavior on the job <input type="checkbox"/> Fired or quit because of problems unrelated to employment	
3. Current occupational/vocational skills:	<input type="radio"/> Professional skills (accountant, lawyer, etc) <input type="radio"/> Specific skills/occupation (vocational, carpenter, plumber, etc) <input type="radio"/> General labor skills <input type="radio"/> No occupational or vocational skills Describe occupational/vocational skills: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
4. Current barriers to employment: (select all that apply)	<input type="checkbox"/> No barriers to employment <input type="checkbox"/> Full-time student or recent graduate <input type="checkbox"/> No prior employment experience <input type="checkbox"/> Lacks motivation to seek or maintain legal employment <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Cleanliness/hygiene <input type="checkbox"/> Punctuality problems <input type="checkbox"/> Lack of social skills <input type="checkbox"/> Lack of problem solving skills <input type="checkbox"/> Poor work habits <input type="checkbox"/> Child care issues <input type="checkbox"/> Transportation issues <input type="checkbox"/> Criminal conviction history <input type="checkbox"/> Chemical dependency <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

5. Primary source of income during the most recent 6 months in the community:	<input type="radio"/> Employment <input type="radio"/> Income from criminal behavior <input type="radio"/> Family financial support <input type="radio"/> Under the table income <input type="radio"/> Public assistance <input type="radio"/> Social Security Insurance due to disability <input type="radio"/> Receiving Unemployment, Workman's Compensation, or L & I benefits	<input type="radio"/> Student loans/grants <input type="radio"/> Tribal per diem <input type="radio"/> Pension <input type="radio"/> Family inheritance <input type="radio"/> No income <input type="radio"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6. Average monthly income (Net) from <u>legal</u> employment and/or other <u>legal</u> sources during the most recent 6 months in the community:	<input type="radio"/> \$4,000 and over <input type="radio"/> \$2000 to \$3,999 <input type="radio"/> \$1,000 to \$1,999 <input type="radio"/> Under \$1,000 <input type="radio"/> No legal income	
7. Management of finances during the most recent 6 months in the community: (Select all that apply)	<input type="checkbox"/> Saves money regularly <input type="checkbox"/> Is managing debt, meeting financial commitments <input type="checkbox"/> Makes <u>all</u> required child support payments <input type="checkbox"/> Makes <u>some</u> required child support payments <input type="checkbox"/> Does not make <u>any</u> required child support payments	<input type="checkbox"/> No interest in managing finances <input type="checkbox"/> Relies on public assistance <input type="checkbox"/> Relies on family and/or others <input type="checkbox"/> Cannot manage debt <input type="checkbox"/> Relies on illegal activities <input type="checkbox"/> Sells drugs for profit <input type="checkbox"/> Relies on protective payee
8. Health insurance at time of assessment/ reassessment:	<input type="radio"/> No health insurance <input type="radio"/> Health insurance suspended due to incarceration <input type="radio"/> Private insurance <input type="radio"/> Public insurance (Welfare, Medical coupons, Medicaid, etc.) <input type="radio"/> Health insurance provided due to tribal affiliation	
9. Current community employment at time of assessment/reassessment or immediately prior to incarceration:	<input type="radio"/> Full-time employment (35-40 hours per week) <input type="radio"/> Part-time employment (20-34 hours per week) <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> Temporarily disabled/unable to work <input type="radio"/> Permanently disabled/unable to work <input type="radio"/> Unemployed, but able to work	
10. Current relationship with employer/co-workers at time of assessment/reassessment or immediately prior to incarceration: (Select the one most representative of the relationship with each)	<p style="text-align: center;"><u>Employer/Supervisor</u></p> <input type="radio"/> Not employed <input type="radio"/> No supervisor(s), self-employed <input type="radio"/> Minimal contact <input type="radio"/> Adequate interaction but relationship not developed; indifference <input type="radio"/> Employer provides encouragement for pro-social behavior <input type="radio"/> Has/would seek out for help with work or personal matter <input type="radio"/> Significant and/or frequent conflict <input type="radio"/> Employer involved in anti-social/criminal behavior	<p style="text-align: center;"><u>Co-worker(s)</u></p> <input type="radio"/> Not employed <input type="radio"/> No co-worker(s) <input type="radio"/> Minimal contact <input type="radio"/> Adequate interaction but relationship not developed; indifference <input type="radio"/> Coworker provides encouragement for pro-social behavior <input type="radio"/> Has/would seek out for help with work or personal matter <input type="radio"/> Significant and/or frequent conflict <input type="radio"/> Coworker involved in anti-social/criminal behavior
FRIENDS/ASSOCIATES		
1. Friends/associates during the most recent 6 months in the community: (Select all that apply)	<input type="radio"/> No friends/associates <input type="radio"/> Unable to maintain relationships with others, involved in unstable interpersonal relationships with others <input type="radio"/> Friends/associates willing to assist in offender success (Name, and any known contact info) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="radio"/> Pro-social community ties (Name, organization, any known contact info) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="radio"/> Friends/associates involved in anti-social and/or criminal behaviors <input type="radio"/> Associates with gang member(s)	

2. Response to influences of anti-social friends/associates during the most recent 6 months in the community: <i>(Select the <u>most</u> anti-social circumstance)</i>		<input type="radio"/> No anti-social friends/associates <input type="radio"/> Chooses not to associate with anti-social friends/associates <input type="radio"/> Almost always resists going along with anti-social friends/associates <input type="radio"/> Rarely resists going along with anti-social friends/associates <input type="radio"/> Never resists going along with anti-social friends/associates, a follower <input type="radio"/> Admires/emulates anti-social friends/associates, strongly influenced by anti-social friends/associates <input type="radio"/> Leads anti-social friends/associates			
RESIDENTIAL					
1. Residence during the most recent 6 months in the community: <i>(Select all that apply. Indicate amount of time for each and select the current residence at time of assessment/ reassessment or immediately prior to incarceration)</i>		<input type="checkbox"/> Residence as primary occupant <input type="checkbox"/> Family residence (parent(s), sibling(s), spouse/significant other, and/or other family) <input type="checkbox"/> Friend's residence <input type="checkbox"/> Group homes/Transitional housing <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Transient – from residence to residence <input type="checkbox"/> Homeless – living on the street or in a shelter		<input type="text"/> months <input type="text"/> months <input type="text"/> months <input type="text"/> months <input type="text"/> months <input type="text"/> months	<input type="radio"/> Current <input type="radio"/> Current <input type="radio"/> Current <input type="radio"/> Current <input type="radio"/> Current <input type="radio"/> Current
2. Occupants of current residence at time of assessment/reassessment or immediately prior to incarceration: <i>(Select all that apply)</i>		<input type="checkbox"/> No current residence <input type="checkbox"/> Spouse or equivalent partner <input type="checkbox"/> Adult children <input type="checkbox"/> Minor children <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Friend(s) with positive influence <input type="checkbox"/> Friend(s) with anti-social influence <input type="checkbox"/> Living alone <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Current pro-social support in neighborhood at time of assessment/reassessment or immediately prior to incarceration:		<input type="radio"/> Strong pro-social environment <input type="radio"/> Some exposure to anti-social influence, lacking ties/attachments to neighborhood <input type="radio"/> Significant barriers, frequent crimes, drug transactions, police presence <input type="radio"/> Living in remote, isolated area with minimal or no neighborhood influence			
FAMILY					
1. Number of marriages or equivalent relationships, including current situation:		<input type="radio"/> Never been married or had an equivalent relationship; single, all relationships have been short-term, no long-term commitments <input type="radio"/> One marriage or an equivalent relationship <input type="radio"/> Two or more marriages or equivalent relationships			
2. Longest marriage or equivalent relationship:		<input type="radio"/> Never married/no equivalent relationship <input type="radio"/> Less than 6 months <input type="radio"/> 6 months to 1 year <input type="radio"/> More than 1 year			
3. Current marriage or equivalent relationship: <i>(Select all that apply)</i> Name of significant other: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<u>Opportunity for Influence from Partner During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, no influence, or estranged <input type="checkbox"/> Living apart <input type="checkbox"/> Minimal influence <input type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Frequently enables anti-social behavior	<u>Problems of Partner During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> No problems <input type="checkbox"/> Alcohol problems <input type="checkbox"/> Drug problems <input type="checkbox"/> Anti-social behaviors <input type="checkbox"/> Criminal convictions <input type="checkbox"/> Employment problems <input type="checkbox"/> Physical and/or mental health problems	<u>Level of Conflict During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, estranged <input type="checkbox"/> Minimal conflict <input type="checkbox"/> Some conflict that is well-managed <input type="checkbox"/> Verbal intimidation, heated arguments <input type="checkbox"/> Threats of physical abuse by partner <input type="checkbox"/> Domestic violence: Partner is perpetrator <input type="checkbox"/> Domestic violence: Offender is perpetrator	<u>Willingness of Partner to Help During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, no influence, or estranged <input type="checkbox"/> Consistently willing to intervene and support <input type="checkbox"/> Occasionally willing to intervene and support <input type="checkbox"/> Not willing to intervene and support <input type="checkbox"/> Hostile, berating, and/or belittling of offender and/or the system	

4. Family members involved in offender's life during last 6 months,(regardless of setting):		<input type="radio"/> None <input type="radio"/> Family members		
Family Member: <i>(Select all that apply)</i> Name and Relationship <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="background-color: #0000FF; color: white; padding: 2px; text-align: center; width: 50px; float: left;">Add</div>	<u>Opportunity for Influence During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> Minimal influence <input type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Frequently enables offender's anti-social behavior	<u>Problems of Family Member During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No problems <input type="checkbox"/> Alcohol problems <input type="checkbox"/> Drug problems <input type="checkbox"/> Anti-social behaviors <input type="checkbox"/> Criminal convictions <input type="checkbox"/> Employment problems <input type="checkbox"/> Physical and/or mental health problems	<u>Level of Conflict During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> Minimal conflict <input type="checkbox"/> Some conflict that is well-managed <input type="checkbox"/> Verbal intimidation, heated arguments <input type="checkbox"/> Threats of physical abuse by offender or family member <input type="checkbox"/> Domestic violence: Family member is perpetrator <input type="checkbox"/> Domestic violence: Offender is perpetrator	<u>Willingness to Help During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> Consistently willing to intervene and support <input type="checkbox"/> Occasionally willing to intervene and support <input type="checkbox"/> Not willing to intervene and support <input type="checkbox"/> Hostile, berating, and/or belittling of offender and the system
5. Number of minor children at time of assessment/reassessment:		<input type="radio"/> No minor children <input type="radio"/> One <input type="radio"/> Two or more		
Primary care for minor child(ren): <i>(Select all that apply)</i>		<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <div style="display: flex; align-items: center;"> <div style="background-color: #0000FF; color: white; padding: 2px; text-align: center; width: 20px;">x</div> <div style="margin-left: 5px;">Name of child:</div> </div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="margin-top: 5px;">Relationship to child:</div> </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> Residing with minor child(ren) <input type="checkbox"/> Other biological parent <input type="checkbox"/> Minor child's Step-parent <input type="checkbox"/> Minor child's Grandparent <input type="checkbox"/> Other Family relative <input type="checkbox"/> Foster family <input type="checkbox"/> Friend <input type="checkbox"/> Other Person: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="background-color: #0000FF; color: white; padding: 2px; text-align: center; width: 50px; float: left;">Add</div> </div> </div>		
6. Offender living with his/her minor child(ren) when committing current offense(s):		<input type="radio"/> No minor children <input type="radio"/> Yes <input type="radio"/> No		
7. If not residing with minor child(ren) at time of assessment/reassessment, does the offender plan to establish or continue a relationship with his/her minor child(ren)?		<input type="radio"/> No minor children <input type="radio"/> Residing with minor child(ren) <input type="radio"/> Yes <input type="radio"/> No		

8. Circumstances of minor child(ren) at time of assessment/reassessment: <i>(Select all that apply)</i>	<input type="checkbox"/> No minor children <input type="checkbox"/> Circumstances unknown and/or offender unwilling to disclose information <input type="checkbox"/> No current contact <input type="checkbox"/> Court ordered child support <input type="checkbox"/> Past agency involvement for minor child safety <input type="checkbox"/> Legal action pending <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> Past "No Contact Order" or any other order prohibiting contact with minor child(ren) <input type="checkbox"/> Current "No Contact Order" or any other order prohibiting contact with minor child(ren) Name of child(ren) who are prohibited contact with the offender <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Minor child(ren) who are victims of the offender Name of child(ren) who are victims of the offender <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <u>Current Community Contact</u> <input type="checkbox"/> Minor child(ren) reside(s) with offender <input type="checkbox"/> Supervised visits only <input type="checkbox"/> Face to face contact, with no legal restrictions <input type="checkbox"/> Telephone contact <input type="checkbox"/> Written correspondence <u>Current Prison Contact</u> <input type="checkbox"/> Visits during current confinement <input type="checkbox"/> Telephone contact <input type="checkbox"/> Written correspondence	
ALCOHOL/DRUG USE		
1. Alcohol and/or drug problem: <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Has had alcohol problem Age at first use <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <input type="checkbox"/> Has had drug problem Age at first use <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <input type="checkbox"/> Alcohol problem within the last 6 months in the community <input type="checkbox"/> Drug problem within the last 6 months in the community	
2. Type of alcohol and/or drug problems during offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Inhalants <input type="checkbox"/> Marijuana <input type="checkbox"/> Tranquilizers/sedatives <input type="checkbox"/> Abuses prescription drugs Name of prescription drug(s): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Other drugs Type of other drugs: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	During the last 6 months in the community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. Impacts of alcohol/drug problem during the offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Use caused family conflict <input type="checkbox"/> Use disrupted education <input type="checkbox"/> Use caused problems with employment <input type="checkbox"/> Use caused physical problems (includes hospitalization) <input type="checkbox"/> Use caused mental health problems (includes hospitalization) <input type="checkbox"/> Use interfered with keeping pro-social friends <input type="checkbox"/> Use contributed to anti-social behaviors and/or law violations <input type="checkbox"/> Use contributed to current conviction(s) <input type="checkbox"/> Use while confined (jail/prison/treatment) <input type="checkbox"/> Interveneous drug use	During the last 6 months in the community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/>
4. Methods of supporting alcohol and/or drug use during most recent 6 months in the community: <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Legal income <input type="checkbox"/> Income from illegal employment <input type="checkbox"/> Growing/manufacturing for distribution <input type="checkbox"/> Selling drugs <input type="checkbox"/> Property crimes <input type="checkbox"/> Falsifying prescriptions <input type="checkbox"/> Prostitution <input type="checkbox"/> Bartering/trading for drugs <input type="checkbox"/> Sharing alcohol/drugs with others <input type="checkbox"/> Other criminal activity	
5. Participation in alcohol/drug treatment program during the offender's lifetime: (completion not required) <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Never participated in a treatment program <input type="checkbox"/> Participated in one program <input type="checkbox"/> Participated in two or more programs <input type="checkbox"/> Participated in a treatment program within the last 6 months <input type="checkbox"/> Currently participating in alcohol/drug treatment program <input type="checkbox"/> Referred for alcohol/drug treatment program, and currently waiting for opening in program <input type="checkbox"/> Referred for alcohol/drug treatment, but is currently unwilling to participate	
6. Protective factors contributing to having remained clean and sober for 6 months or longer in the community at any time in offender's life: <i>(Select all that apply)</i>	<input type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Never remained clean and sober for 6 months or longer in the community <input type="checkbox"/> Regular participation in alcohol/drug treatment <input type="checkbox"/> Regular participation in alcohol/drug self-help support groups (AA/NA) as requested by family, employer, or other supports <input type="checkbox"/> Regular participation in alcohol/drug self-help support groups (AA/NA) due to legal requirement (agency/court) <input type="checkbox"/> Friends willing to intervene and encourage alcohol/drug abstinence <input type="checkbox"/> Family willing to intervene and encourage alcohol/drug abstinence <input type="checkbox"/> Changed residence/neighborhood to remove self from barrier(s) to alcohol/drug abstinence <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

MENTAL HEALTH	
1. Mental health problem during the offender's lifetime (schizophrenia, bipolar, ADD/ADHD, etc.) based on file material, self-report, and assessor observation: <i>(Select all that apply)</i>	<input type="checkbox"/> No history of mental health problems <input type="checkbox"/> Mental health problem based on file material and/or offender's self report <input type="checkbox"/> Assessor observes indicator(s) of a current mental health problem Describe assessor's observations: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2. Suicidal thoughts during the offender's lifetime based on file material, self-report, and assessor observation:: <i>(Select all that apply)</i>	<input type="checkbox"/> Has never had serious thoughts about suicide thoughts or attempts <input type="checkbox"/> Has never had serious thoughts about suicide <input type="checkbox"/> Has attempted to commit suicide <input type="checkbox"/> Provoked others in an attempt to kill self <input type="checkbox"/> Has had suicidal thoughts during most recent 6 months regardless of setting <input type="checkbox"/> Has attempted suicide during most recent 6 months regardless of setting <input type="checkbox"/> Suicidal thoughts pose an ongoing concern for the safety and welfare of the offender
3. Officially diagnosed with a mental health problem by a professional in the mental health or health care field:	<input type="radio"/> No history of mental health problems <input type="radio"/> Diagnosed, but official mental health diagnosis not known <input type="radio"/> Documented mental health diagnosis Name of Professional in the mental health or health care field: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date of Report: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Name of Diagnosis: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. Hospitalizations/in-patient stays for mental health problems in the offender's lifetime:	<input type="radio"/> No history of mental health problems <input type="radio"/> No in-patient stays <input type="radio"/> 1 in-patient stay <input type="radio"/> 2 or more in-patient stays
5. Received mental health out-patient counseling(regardless of setting): <i>(Select all that apply)</i>	<input type="checkbox"/> No history of mental health problems <input type="checkbox"/> No mental health out-patient counseling <input type="checkbox"/> Past participation in out-patient counseling <input type="checkbox"/> Current participation in out-patient counseling Name of Provider: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Counseling Location: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Counseling presently recommended/required, but not attending Reason: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6. Mental health medication prescribed during the offender's lifetime (regardless of setting): <i>(Select all that apply)</i>	<input type="checkbox"/> No history of mental health problems <input type="checkbox"/> Never had mental health medication prescribed <input type="checkbox"/> Past mental health medication prescribed <input type="checkbox"/> Current mental health medication being taken as prescribed <input type="checkbox"/> Current mental health medication not being taken as prescribed, non-compliant

AGGRESSION	
1. Threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> No history of threatening, aggressive, or violent behaviors <input type="checkbox"/> Has exhibited threatening, aggressive, or violent behaviors in the community <input type="checkbox"/> Has exhibited threatening, aggressive, or violent behaviors during any period of confinement <input type="checkbox"/> Threatening, aggressive, or violent behaviors are currently an ongoing concern
2. Characteristics of threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> No history of threatening, aggressive, or violent behaviors <input type="checkbox"/> No threatening, aggressive, or violent behaviors within the last 6 months in the community <input type="checkbox"/> Violent outbursts, displays of temper, uncontrolled anger indicating potential for harm <input type="checkbox"/> Violent destruction of property <input type="checkbox"/> Domestic violence against current partner <input type="checkbox"/> Domestic violence against any past partner <input type="checkbox"/> Domestic violence against any family member (excluding any partner) <input type="checkbox"/> Stalking and/or harassment to intimidate <input type="checkbox"/> Fixated or persisting in unwanted relationships <input type="checkbox"/> Explicit threats of physical harm against specific individual(s) <input type="checkbox"/> Excessive violence used beyond what is deemed necessary <input type="checkbox"/> Ritualistic, bizarre violent behaviors <input type="checkbox"/> Random acts of violence without provocation <input type="checkbox"/> Fire setting <input type="checkbox"/> Animal cruelty <input type="checkbox"/> Violent infractions & misconducts while in confinement (fighting, assault, etc.) <input type="checkbox"/> Physical assault of an authority figure (law enforcement, corrections, other agency, parents, teachers, etc.) <input type="checkbox"/> Physical assault of child/adolescent <input type="checkbox"/> Physical assault of adult victim <input type="checkbox"/> Physical assault of male victim <input type="checkbox"/> Physical assault of female victim <input type="checkbox"/> Characteristics of known threatening, aggressive, or violent behaviors not available, and/or offender is unwilling/unable to disclose <input type="checkbox"/> Other
3. Motivation for threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select no more than three)</i>	<input type="checkbox"/> No history of threatening, aggressive or violent behaviors <input type="checkbox"/> Used to achieve a goal, including material gain <input type="checkbox"/> Power, dominance, or control <input type="checkbox"/> Impulsive, acts without thinking and/or lack of control or inhibitions, opportunistic <input type="checkbox"/> Peer status, acceptance, attention, or compliance with the rules of the subgroup or peer group <input type="checkbox"/> Retaliation, vengeance <input type="checkbox"/> Reaction to conflict or stress <input type="checkbox"/> Excitement, amusement, or fun <input type="checkbox"/> General hostility toward women <input type="checkbox"/> Hatred for other individuals or specific groups <input type="checkbox"/> Chemically induced violent behaviors <input type="checkbox"/> Decompensated from lack of compliance to mental health medications

4. Threatened/caused physical injury to another person: (Select the one <u>most</u> serious in each column)	<u>Without Weapon</u>	<u>Firearm</u>	<u>Knife</u>	<u>Other Weapon</u>
	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury to victim, no medical attention required <input type="radio"/> Injury to victim, medical attention-treated and released <input type="radio"/> Injury to victim, medical attention-admitted to hospital <input type="radio"/> Injury to victim who suffered serious, life threatening injuries <input type="radio"/> Death: victim died 	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury to victim, no medical attention required <input type="radio"/> Injury to victim, medical attention-treated and released <input type="radio"/> Injury to victim, medical attention-admitted to hospital <input type="radio"/> Injury to victim, who suffered serious, life threatening injuries <input type="radio"/> Death: victim died 	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury to victim, no medical attention required <input type="radio"/> Injury to victim, medical attention-treated and released <input type="radio"/> Injury to victim, medical attention-admitted to hospital <input type="radio"/> Injury to victim, who suffered serious, life threatening injuries <input type="radio"/> Death: victim died 	<p><u>Type</u> of weapon</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury to victim, no medical attention required <input type="radio"/> Injury to victim, medical attention-treated and released <input type="radio"/> Injury to victim, medical attention-admitted to hospital <input type="radio"/> Injury to victim, who suffered serious, life threatening injuries <input type="radio"/> Death: victim died

ATTITUDES / BEHAVIORS

1. Motivation for criminal behavior(s) during the offender's lifetime: (Select no more than three)	<input type="checkbox"/> Anger <input type="checkbox"/> Retaliation, vengeance <input type="checkbox"/> Impulsive, opportunistic <input type="checkbox"/> Sexual gratification <input type="checkbox"/> Reaction to conflict or stress	<input type="checkbox"/> Power, dominance, or control <input type="checkbox"/> Money or material gain <input type="checkbox"/> Excitement, amusement, or fun <input type="checkbox"/> Peer status, acceptance, or attention <input type="checkbox"/> Obtain drugs, chemical addiction
2. Anti-social tendencies & characteristics that are rooted, firmly established, and constant: (Select all that apply)	<p>Note: Use a lifetime pattern of behaviors, <u>not one single incident</u>, to determine the existence of any tendencies and characteristics noted:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No firmly established anti-social characteristics <input type="checkbox"/> Glib/superficial charm – Tends to be smooth, engaging, charming, and “slick”. Not shy or afraid to say anything. <input type="checkbox"/> Grandiose – <u>Grossly inflated</u> view of abilities and self-worth, egocentric, self-assured, opinionated, and cocky. Unrealistic view of self as superior. <input type="checkbox"/> Need for stimulation – <u>Excessive need</u> for thrilling and exciting stimulation, risk taker, easily bored, <u>will not</u> perform tasks perceived as routine, monotonous or uninteresting. <input type="checkbox"/> Pathological lying – Deceit, deception, dishonesty, and breaking promises are standard interaction with others <input type="checkbox"/> Conning/Manipulative – Uses deceit and deception to cheat, con, or defraud others as a standard method for <u>personal gain</u>, with no concern for victim. <input type="checkbox"/> Shallow – Limited range or depth of feelings, interpersonal coldness in spite of appearing to be a sociable person. Only forms superficial bonds with others, does not experience strong emotions. <input type="checkbox"/> Parasitic Lifestyle – Has an intentional, selfish, and exploitative financial dependence on others as reflected by a lack of motivation and inability to begin or complete responsibilities <input type="checkbox"/> Lack of Empathy – A lack of feelings toward people in general; cold, contemptuous, inconsiderate, and tactless. <input type="checkbox"/> Lack of Remorse/Guilt – Lack of feelings or concern for the losses, pain, and suffering of victims; a tendency to be unconcerned and coldhearted. Can be demonstrated by blaming and/or a disdain for one's victims. <input type="checkbox"/> Lack of Realistic, Long-Term Goals – Inability or <u>persistent</u> failure to develop and execute long-term plans or goals; a nomadic existence; aimless, lacks direction in life. <input type="checkbox"/> Irresponsibility – <u>Repeated failure</u> to fulfill or honor obligations and commitments, such as not paying bills, defaulting on loans, being absent or late to work, failing to honor contractual agreements. <input type="checkbox"/> Criminally Diverse – Has a diversity of types of criminal offenses, regardless whether arrested or not. Takes <u>great</u> pride in getting away with crimes. 	

3. Behavior demonstrated toward authority figures during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<ul style="list-style-type: none"> ○ Respectful, compliant with directives and/or conditions ○ Indifferent toward authority, complies with some directives and/or conditions, but has also received infractions and/or violations ○ Resentful, defiant toward authority, refuses to comply with directives and/or conditions, and/or has received infractions and/or violations
4. Respect for property of others demonstrated during the most recent 6 months (regardless of setting):	<ul style="list-style-type: none"> ○ Respects property of others ○ Respects personal property, but not public/business property ○ Conditional respect for personal property ○ No respect for personal property of others
5. Accepts responsibility for anti-social behavior during the most recent 6 months (regardless of setting): <i>(Select all that apply)</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Accepts responsibility for anti-social behavior <input type="checkbox"/> Superficially accepts responsibility for anti-social behavior, but has not changed behavior <input type="checkbox"/> Minimizes, denies, justifies, excuses, or blames others <input type="checkbox"/> Selectively disregards societal conventions, or rules of incarceration <input type="checkbox"/> Selectively disregards societal conventions, or rules of supervision in the community <input type="checkbox"/> Does not believe societal conventions, or rules of incarceration or supervision apply to him/her <input type="checkbox"/> Sees crime as useful <input type="checkbox"/> Proud and boastful of anti-social behavior
6. Offender readiness for changing lifestyle, during most recent 6 months (regardless of setting):	<ul style="list-style-type: none"> ○ Taking specific steps toward change ○ Verbalizes desire for change, but not taking steps ○ Does not see a need for change, desires to hold on to current lifestyle ○ Hostile toward change or unwilling to change
7. Offender's belief in successfully completing supervision, at time of assessment/ reassessment:	<ul style="list-style-type: none"> ○ Believes he/she will be successful, has developed skills to support pro-social lifestyle ○ Believes he/she will be successful, but has not yet developed skills to support pro-social lifestyle ○ Believes he/she will be successful only if external controls are in place (DOC, family, friends, etc.) ○ Does not believe he/she will be successful ○ Hostile to supervision

COPING SKILLS	
1. Consequential thinking demonstrated during the most recent 6 months (regardless of setting):	<ul style="list-style-type: none"> Behaviors and/or verbalizations demonstrate understanding of consequences of his/her actions, whether it results in positive or negative impacts to self or others Behaviors and/or verbalizations demonstrate that the offender has not yet made any connection between their actions and the consequences Cannot cognitively connect own behavior and the harm or negative impact it has on self or others, due to some impairment
2. Impulse control demonstrated during the most recent 6 months (regardless of setting):	<ul style="list-style-type: none"> Uses self-control, thinks before acting Some self-control, sometimes thinks before acting Impulsive, doesn't think before acting
3. Dealing with others demonstrated during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<ul style="list-style-type: none"> Uses social skills effectively Has adequate social skills, but isolates self by choice Avoids dealing with others due to limited or lack of social skills, shy and/or withdrawn Attempts to deal with others, but is rejected by peers Interactions are characterized by aggression, conflict, arguments and fights
4. Problem solving demonstrated during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<ul style="list-style-type: none"> Thinks through situations logically, uses effective skills to obtain a solution Problem solving skills are limited, difficult situations are frustrating and often unmanageable Passive response, withdraws from difficult situations Hostile response, strikes out verbally and/or physically
5. Need for independent living services at e of assessment/reassessment:	<ul style="list-style-type: none"> No need for services Need for independent living services unknown Can live independently, but would benefit from services: Cannot live independently without specific services: <ul style="list-style-type: none"> <input type="checkbox"/> Employment resources <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Budgeting money <input type="checkbox"/> Public transportation <input type="checkbox"/> Hygiene practices <input type="checkbox"/> Medical services <p>Medical services needed:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Mental health services</p> <p>Mental health services needed:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>