

WOMEN'S RISK/NEEDS ASSESSMENT PRE-RELEASE INTERVIEW

Version 6: 2012

Name:			Inmate ID (DOC #):
Current Offense:			Sentence:
DOB:	Race:	Age:	Assessment Date:
Interviewer:			Interviewer sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Directions: Staff completing this form should (a) interview the client, and (b) consult appropriate official records prior to completing the interview. Criminal history, current offense, and other agency reports should be consulted in order to verify and corroborate the client's answers to questions asked during the interview. Below, please check all of the official sources of information consulted prior to beginning this interview. In most instances the client's perceptions are preferred; however, if there is a clear discrepancy between the client's version and the recorded version, items marked with an asterisk (*) may be overridden (based upon official record) to increase a client's risk or need. It is imperative that interviewers ask the client the entire question before proceeding to override the item. Please see the scoring manual for further information on overrides and scoring.

**IN THE COURSE OF THIS INTERVIEW, THE FOLLOWING DOCUMENTS WERE READ
(check all that apply):**

<input type="checkbox"/> Police Reports	<input type="checkbox"/> Prosecutor's Documents	<input type="checkbox"/> Pre-sentence Reports
<input type="checkbox"/> Assessments, including substance abuse assessments	<input type="checkbox"/> Treatment Reports	<input type="checkbox"/> Criminal History
<input type="checkbox"/> Client probation, parole and institutional files	<input type="checkbox"/> Classification Files	<input type="checkbox"/> Earlier Interviews
<input type="checkbox"/> Other (specify)		

Some of the following items (e.g., current conviction charge) can be completed without input from the client. In these cases, the interviewer should simply transfer information from the client's record to this document. However, most items will require questions of the clients. In those cases, the questions are provided in this document. Interviewers are requested to ask all questions in their entirety, except for questions that are not applicable.

SECTION 1: CLIENT’S VERSION OF THE PRESENT OFFENSE (ATTITUDES SCALE)

Directions: In this part of the assessment, the interviewer should engage the Woman in a brief discussion of the offense which led to her conviction. The following questions should be helpful in doing so. After asking these questions, complete the items in the ATTITUDES SCALE below. To formulate the most valid responses to items 9 to 15, below, it is recommended that you probe for more than YES or NO or cursory answers to questions 1 through 8. Also, it is advisable to go back to this section after the entire interview is completed and re-evaluate questions 9 through 15.

INTRODUCTORY QUESTIONS TO ASK THE CLIENT	
1.	Can you tell me about the offense(s) that led to your current conviction?
2.	What actually happened? What events led up to your arrest?
3.	Did you commit this offense with another person? What was his or her role in the offense? How did you get hooked up with this person?
4.	Was there a victim? Do you know what happened to that person?
5.	Was anyone effected or hurt by your offense?
6.	Were you treated fairly by criminal justice officials? How did the police treat you? How did the judge treat you?
7.	Do you think your sentence was fair?
8.	How do you feel about this now, looking back on it?

SCORING: ATTITUDES SCALE – DO NOT ASK THE CLIENT THESE QUESTIONS. On the basis of answers to the questions above, the interviewer should check yes or no regarding the client’s attitudes toward the offense.

ATTITUDES SCALE		No	Yes
9.	Client displays no remorse for the present offense (other than remorse for being apprehended).	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
10.	There are differences between the official version and the client’s version. Client portrays the offense in a more favorable light than official documents.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
11.	Client attributes offense to others. Co-defendants, victims, or others are blamed.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
12.	Client makes excuses for the offense – does not take responsibility.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
13.	Client denies having committed the offense.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
14.	Client blames justice system officials for her being apprehended, arrested, convicted, and/or incarcerated.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
15.	Client minimizes harm to the victim (answer no if no victim).	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Attitudes Score (sum items 9-15): _____

Notes (Attitudes):

SECTION 2: CRIMINAL HISTORY SCALE

SCORING: CRIMINAL HISTORY SCALE – Please complete the following items by examining official documents.

CRIMINAL HISTORY SCALE		No	Yes
16.*	Was the current conviction for a violent offense (homicide, assault, robbery, or other offense that involved physical harm to others)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
17.*	Number of prior felonies: (NOTE: THIS ITEM <u>MUST</u> BE VERIFIED THROUGH OFFICIAL DATA.)	<input type="checkbox"/> None (0) <input type="checkbox"/> One to two (1) <input type="checkbox"/> Three to five (2) <input type="checkbox"/> Six or more (3)	
18.*	Have any prior offenses (felonies and misdemeanors) been for violent offenses?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

The following should be asked directly of the client, but corroborate her responses with official records.

		No	Yes
19.*	Have you ever been on supervised probation or parole prior to this offense?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
20*	Were you ever revoked on a current or prior term of probation or parole? If no prior term, score NO.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
21.*	Have you served any prior prison terms? (VERIFY WITH OFFICIAL DATA.) How many?	<input type="checkbox"/> None (0) <input type="checkbox"/> One (1) <input type="checkbox"/> Two or more (3)	
22.*	Did you receive any conduct violations while serving a prior prison term for assault, escape, fighting, dangerous contraband, or threatening others?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
23.*	How long has it been since your last conviction (do not count the original sentence or sentence on which you have been revoked)?	<input type="checkbox"/> No prior convictions (0) <input type="checkbox"/> Three yrs or less (2) <input type="checkbox"/> More than three yrs (0)	
24.*	What is your current age (may be inserted from record)?	<input type="checkbox"/> 18-30 (2) <input type="checkbox"/> 31-40 (1) <input type="checkbox"/> 41 + (0)	

Total Criminal History Score (sum items 16-24): _____

Notes (Criminal History):

INTRODUCTION TO CLIENTS:

This remainder of this interview is designed to help us get a sense of you and what some of your needs might be. We will use this information to help us link you to programs and services that we hope will benefit you. Let's begin with a discussion about your education and employment history.

SECTION 3: EDUCATIONAL SCALES

SCORING: EDUCATIONAL SCALES – These questions must be asked directly of the client.

	EDUCATIONAL SCALES	EDUCATIONAL STRENGTHS		EDUCATIONAL NEEDS	
		No	Yes	No	Yes
25.*	Do you currently have trouble reading or writing? For example, do you have trouble reading a newspaper?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
26.*	Have you ever been diagnosed with any learning disabilities, attention deficit disorder (ADD), ADHD, or special educational needs?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
27.*	Have you ever attended special education classes or received any services for students with learning disabilities?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
28.*	Have you graduated from high school or received a G.E.D.?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
29.*	Have you received any job-related licenses or certificates? (Include those which may have been received in high school or prison.)	<input type="checkbox"/> (0)	<input type="checkbox"/> (3)		
30.*	Have you attended college or post high school classes for at least one academic term?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
31.*	Do you have a college degree? (Include 2 year degrees.)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		

Total Educational Needs Score (sum items 25-28): _____

Total Educational Strengths Score (sum items 28-31): _____

CASE MANAGEMENT NOTES			
32.	Do you have educational or vocational plans for the future?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
33.	Interviewer: Check if verified by educational assessments:	<input type="checkbox"/> Client's version is corroborated by educational tests. <input type="checkbox"/> No tests were available to corroborate client's report of reading, writing, or aptitude.	

Notes (Education):

SECTION 4: EMPLOYMENT/FINANCIAL

SCORING: EMPLOYMENT/FINANCIAL SCALE – These questions must be asked directly of the client.

EMPLOYMENT/FINANCIAL SCALE				
34.	During the year prior to this incarceration (or revocation if client was recently returned to prison) were you employed?	<input type="checkbox"/> Fulltime (0)	<input type="checkbox"/> Part-time or unable to work because of child/family care, poor health, student, etc. (1)	<input type="checkbox"/> Unemployed but able to work (2)

		No	Yes
35.	During the 3 years before your offense, did you have any difficulties finding and keeping a job? [If unable to be employed (e.g., parenting, full-time student, disabled), score No. If able to be employed and not working but did not look for a job, score YES.]	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
36.	Do you live in a household where at least one member has full-time, year-round employment?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
37.	Were you (or you and your significant other) able to pay your bills without financial help from family or friends?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
38.	Prior to coming here did you have any recent problems like eviction, bankruptcy, calls from collection agencies, cut-off utilities, problems with getting child support payments, repossession of property... things like that?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
39.	During your adult life, have you ever been homeless or lived in a shelter?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
40.	Will you live in public housing once you are released?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
41.	Do you worry about whether you will be able to make ends meet once you are released?	<input type="checkbox"/> No (0) <input type="checkbox"/> Some (1) <input type="checkbox"/> A lot (2)	

Total Employment/Financial Score (sum items 34-41): _____

CASE MANAGEMENT NOTES				
42.	Will you be the sole provider of your children upon your release?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
43.	Will your children have medical insurance upon your release?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

44.	Will you have medical insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
45.	Do you expect to be receiving public assistance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
46.	Will you receive food stamps?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Notes (Employment/Financial):

INTRODUCTION TO CLIENTS:

Now that we have talked about your education and employment, I'm going to ask you some questions about your living situation.

SECTION 5: HOUSING SAFETY

SCORING: HOUSING SAFETY SCALE – These questions must be asked directly of the client.

HOUSING SAFETY SCALE		No	Yes
47.	Did you feel safe in your last home, prior to your incarceration?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
48.	Did you feel safe in your last neighborhood, prior to your incarceration?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
49.*	Was your home environment free of violence?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
50.*	Did the police come into your neighborhood a lot?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
51.*	During the 18 months prior to your offense, how many times did you move your residence?	<input type="checkbox"/> 0-1 (0) <input type="checkbox"/> 2-4 (1) <input type="checkbox"/> 5 + (2)	

Total Housing Safety Score (sum items 47-51): _____

CASE MANAGEMENT NOTES			
52.	Will you be living on your own for the next several months following your release?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If no , who will you be living with (relationship not name)?		
53.	Are you at all concerned about your safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Notes (Housing Safety):

INTRODUCTION TO CLIENTS:

Next, I'm going to ask you some questions about your friends and people that you spend your time with.

SECTION 6: ANTISOCIAL FRIENDS

SCORING: ANTISOCIAL FRIENDS SCALE – These questions must be asked directly of the client.

	ANTISOCIAL FRIENDS SCALE	No	Yes
54.	Have any of your close friends on the outside been in trouble with the law?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
55.	Have any of your close friends on the outside done prison time?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
56.	Have you ever committed any offenses with a friend?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
57.	Prior to your arrest, did you have some friends who seemed supportive of you?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
58.	On the outside do you spend time with people who abuse alcohol/drugs?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
59.	If you look at your group of friends on the outside, would you say that most have been involved with the law?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Antisocial Friends Score (sum items 54-59): _____

Notes (Antisocial Friends):

INTRODUCTION TO CLIENTS:

Now we are going to move on to some questions about how you feel. We'll talk about things like anger, depression, and other mental health issues that are common to many women.

SECTION 7: ANGER/HOSTILITY

SCORING: ANGER/HOSTILITY SCALE – These questions must be asked directly of the client. If there is evidence of violent offenses in the client's background, and the client does not relate to anger, create discrepancy. For example, "what was going on for you when that assaultive incident was committed?" Avoid interrogations, however.

	ANGER/HOSTILITY SCALE	No	Yes
60.*	Would you describe yourself as having a strong temper?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
61.*	Do you have trouble controlling your temper when you get upset?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
62.*	Within the past 3 years, have you ever hit/hurt anyone, including family members, when you were upset (exclude self-defense)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
63.*	Have these events ever resulted in involvement with child and family services or law enforcement?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
64.*	Have any of these experiences occurred within the past 6 months (exclude self-defense)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
65.	Within the past 6 months have you had any times when you think you got too aggressive when something made you angry?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
66.	Were you angry or upset when you committed the present offense?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Anger/Hostility Score (sum items 60-66): _____

Notes (Anger/Hostility):

SECTION 8: MENTAL HEALTH

SCORING: HISTORY OF MENTAL ILLNESS SCALE – These questions must be asked directly of the client.

	HISTORY OF MENTAL ILLNESS SCALE	No	Yes
67.*	Have you <u>ever</u> seen a mental health counselor/therapist, psychologist, or psychiatrist for help with a problem? (Do not count prison intake interviews.)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
68.*	Have you <u>ever</u> been diagnosed with mental illness?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
69.*	Have you <u>ever</u> taken any prescribed medication to help you feel better emotionally?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
70.*	Have you <u>ever</u> seen things or heard voices that were not really present?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
71.*	Have you <u>ever</u> attempted suicide?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
72.*	Have you <u>ever</u> been hospitalized or placed in a mental health unit for any of these or other types of mental health problems?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total History of Mental Illness Score (sum items 67-72): _____

Notes (History of Mental Illness):

INTRODUCTION TO CLIENTS:

Okay, let's talk about how you've been feeling over the last several days.

SCORING: MENTAL HEALTH: DYNAMIC SCALES OF CURRENT SYMPTOMS – These questions must be asked directly of the client.

MENTAL HEALTH: DYNAMIC SCALES OF CURRENT SYMPTOMS		DEPRESSION/ ANXIETY		PSYCHOSIS	
		No	Yes	No	Yes
	At present are you:				
73.	Experiencing problems concentrating or staying focused?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
74.	Experiencing mood swings --- too many ups and downs?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
75.	Having many thoughts that others are out to harm you?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
76.	Experiencing fears about the future, which are difficult to cope with?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
77.	Having any trouble sleeping because you are too worried about things?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
78.	Worrying so much about things that you have trouble getting going and getting things done?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
79.	Seeing things or hearing voices that are not really present?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Depression/Anxiety Score (sum items 73-74 and 76-78): _____

Total Psychosis Score (sum items 75 and 79): _____

CASE MANAGEMENT NOTES		
80.	Are you currently taking any prescribed medication to help with any of these problems?	<input type="checkbox"/> No, I have no need for such medication. <input type="checkbox"/> No, but I am in need of medication for these problems. <input type="checkbox"/> Yes, I take medication which seems to help. <input type="checkbox"/> I take medication, but it does not help. <input type="checkbox"/> I have not taken medication for any of these problems even though I have them.
81.	Are you experiencing any suicidal thoughts? If yes, follow agency policy.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Notes (Current Symptoms):

INTRODUCTION TO CLIENTS:

I am going to ask you some questions about whether or not you have been physically or sexually abused as a child or an adult. There are only four questions in this section, and if the questions are too difficult to answer, we will just move on to the next section. Please understand that the types of experiences that we would consider to be abusive include hitting, slapping, pushing, kicking, and threatening to hurt you.

SECTION 9: ABUSE/TRAUMA

SCORING: ABUSE/TRAUMA SCALES – These questions must be asked directly of the client.

	ABUSE/TRAUMA SCALES	CHILD ABUSE		ADULT ABUSE			
		No	Yes	No	Yes		
82.*	Have you ever experienced physical abuse:						
	As an adult? ^a					<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
	As a child? ^b	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
83.*	Have you ever experienced sexual abuse:						
	As an adult? ^a					<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
	As a child? ^b	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				

Total Child Abuse Score (sum items 82^b and 83^b): _____

Total Adult Abuse Score (sum items 82^a and 83^a): _____

Total Physical Abuse Score (sum items 82^a and 82^b): _____

Total Sexual Abuse Score (sum items 83^a and 83^b): _____

SCORING: PTSD SCALE – These questions must be asked directly of the client.

	PTSD SCALE		
		No	Yes
	In your life have you ever had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH you (check any that apply):		
84.	Have had nightmares about it OR thought about it when you did not want to.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
85.	Tried hard not to think about it OR went out of your way to avoid situations that reminded you of it.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
86.	Were constantly on guard, watchful, or easily startled.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
87.	Felt numb or detached from others, activities or your surroundings.	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total PTSD Score (sum items 84-87): _____

CASE MANAGEMENT NOTES			
88.	Are you currently being stalked or emotionally abused (humiliated, threatened, harshly ridiculed) by someone close to you? If yes, follow agency policy.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Notes (Abuse/Trauma):

INTRODUCTION TO CLIENTS:

Many women have problems with drugs and alcohol. The next set of questions I'm going to ask you is about drug and alcohol use in your life.

SECTION 10: SUBSTANCE ABUSE

SCORING: SUBSTANCE ABUSE – Before completing this section, please review available official records. If appropriate, discuss current and past treatment referrals with the client (community and institutional). These questions must be asked directly of the client.

	SUBSTANCE ABUSE SCALES	HISTORY		RECENT	
		No	Yes	No	Yes
89.*	(Interviewer verify this question based on official records.) Has the client received prior substance abuse treatment or services in a program other than AA/NA or substance abuse education?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
90.*	(Interviewer verify this question based on official records.) Does the client have substance abuse-related offenses on record (felonies or misdemeanors)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
91.	Would you say that your use of drugs or alcohol was involved in the present offense?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
92.*	Have you had any recent (past 6 months) conduct violations, law violations, or technical violations related to drugs or alcohol use?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
93.*	During the past 6 months have you received a drug screen that was rated positive or diluted?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
94.	Have drugs or alcohol <u>ever</u> made it difficult for you to perform at work or in school?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
95.	Have family or friends <u>ever</u> expressed concern for your drinking or drug use?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
96.	When you start drinking or taking illegal drugs, do you have difficulty stopping?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
97.	Do you associate with individuals who drink heavily or use drugs?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
98.*	In the past 6 months, have you missed treatment appointments or stopped participating in support groups? (not applicable = 0)			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
99.	Have you <u>ever</u> experienced health or emotional problems resulting from alcohol or drug use?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
100.	Has your drug or alcohol use <u>ever</u> resulted in marital or family fights?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
101.	Has drug use <u>ever</u> resulted in financial problems for you?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
102.	Does anyone in your home use drugs or alcohol?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
103.	Did your drug use ever involve the use of opiates, hallucinogens, or ecstasy?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
104.	During your most active periods of drug and/or alcohol use did you use on a daily basis?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
105.	Do you currently have any feelings that you need to use drugs first thing in the morning?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Substance Abuse History Score (sum items 89-91, 94-96, 99-101, & 103-104): _____

Total Recent Substance Abuse Score (sum items 92-93, 97-98, 102, & 105): _____

Notes (Substance Abuse):

INTRODUCTION TO CLIENTS:

In the next couple of sections I am going to ask you some questions about your relationships with significant others, your children, and your immediate family. First let's talk about your relationships with significant others.

SECTION 11: RELATIONSHIPS

SCORING: RELATIONSHIPS – These questions must be asked directly of the client. These items are case management notes only and are not included in the scoring process.

CASE MANAGEMENT NOTES			
106.	Are you currently involved with a significant other?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
107.	Are you married (include common-law and domestic partnerships)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
108.	How long have you been involved with this person?		

Notes (Relationships):

INTRODUCTION TO CLIENTS:

Now, let's talk about your children.

SECTION 12: PARENTING

SCORING: PARENTAL INVOLVEMENT SCALE – These questions must be asked directly of the client.

109.	Do you have any children who are 18 or younger that you have had periods of ongoing contact with? <i>If yes, please complete this section.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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	PARENTAL INVOLVEMENT SCALE	No	Yes
110.	Do you expect to have shared or full custody of your children upon release?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
111.	Do you maintain at least monthly contact with any children by letter, telephone, or visits?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
112.	Are you involved in important decisions regarding your children (e.g., school-related, health, outside activities)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
113.	Do you feel prepared to be a good parent?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
114.*	Are you having any difficulty obtaining or maintaining custody of your children?	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)

Total Parental Involvement Score (sum items 110-114): _____

	CASE MANAGEMENT NOTES		
115.	Are you a single parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
116.*	Have you ever been investigated for abuse/neglect of a child (e.g., by police, children services, school)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Notes (Parental Involvement):

INTRODUCTION TO CLIENTS:

In this last section we are going to talk about your family. Here we only want to focus on your close biological or adoptive family members. If client’s family members are deceased, please score zero for all items.

SECTION 13: FAMILY OF ORIGIN

SCORING: FAMILY OF ORIGIN SCALES – These questions must be asked directly of the client. If “Family, no contact” is checked (item 117), check NO for all FAMILY SUPPORT items.

	FAMILY OF ORIGIN SCALES	FAMILY SUPPORT	FAMILY CONFLICT
117.	How is your relationship with your family (check the row that best applies)? <input type="checkbox"/> Good, just minor conflicts <input type="checkbox"/> Conflictual some of the time (mixed) <input type="checkbox"/> Conflictual most of the time <input type="checkbox"/> Family, no contact	<input type="checkbox"/> (1) <input type="checkbox"/> (0) <input type="checkbox"/> (0) <input type="checkbox"/> (0)	<input type="checkbox"/> (0) <input type="checkbox"/> (0) <input type="checkbox"/> (1) <input type="checkbox"/> (1)

		FAMILY SUPPORT		FAMILY CONFLICT	
		No	Yes	No	Yes
118.	Do you maintain at least monthly contact with any family members?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
119.	Does your family currently refuse to communicate with you because they are angry with you?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
120.	Does your family tend to be critical of you when they communicate with you?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
121.	Does your family encourage you to participate in programs, classes, or treatment sessions that might help you to avoid trouble in the future (e.g., or come to terms with substance abuse, etc.)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
122.	Did you receive visits from your family during this prison term (or during your recent term if client is already on parole)?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
123.	Has your family offered to help you get established after you are released?	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)		
124.	Do any of your close family members have a criminal history?			<input type="checkbox"/> (0)	<input type="checkbox"/> (1)

Total Family Support Score (sum items 117, 118, & 121-123): _____

Total Family Conflict Score (sum items 117, 119-120, & 124): _____

Notes (Family of Origin):

WOMEN'S RISK/NEEDS ASSESSMENT PRE-RELEASE SURVEY

Version 6: 2012

Name:	Date:
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The following questionnaire asks about issues that have a special interest to women such as relationships, self-confidence, abuse, and parenting. These questions are designed to help us find appropriate programming for you as you complete this period of supervision. Please answer them as honestly as you can.

1. RELATIONSHIP SCALES¹: The next questions ask you about your relationships with your significant others. In answering these questions please think of your most recent intimate relationship(s). This may include boyfriends/girlfriends, significant others, romantic partners, spouses, etc.

RELATIONSHIP SCALE A	YES	NO
1. In general, would you describe these relationships as supportive and satisfying?	<input type="checkbox"/> (a)	<input type="checkbox"/> (c)
2. Do you get into relationships that are painful for you? Or is your present relationship a painful one?	<input type="checkbox"/> (c)	<input type="checkbox"/> (a)
3. Have significant others loved and appreciated you for who you are?	<input type="checkbox"/> Often (a) <input type="checkbox"/> Sometimes (b) <input type="checkbox"/> Seldom/Never (c)	

RELATIONSHIP SCALE B	OFTEN	SOMETIMES	SELDOM/ NEVER
1. Do you find yourself more likely to get in trouble with the law when you are in a relationship than when you are not in a relationship?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
2. Do you tend to get so focused on your partner that you neglect other relationships and responsibilities?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
3. Have partner(s) been able to convince you to get involved in criminal behavior?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
4. Do you feel okay about yourself when you are not in a relationship? Or if in a relationship: Would you feel okay about yourself if you were not in a relationship?	<input type="checkbox"/> Yes (c) <input type="checkbox"/> No (b)		

2. SHERER SELF-EFFICACY SCALE²: Please check the response that best describes you.

	OFTEN	SOMETIMES	SELDOM/ NEVER
1. When you make plans, are you fairly certain that you can make them work?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
2. Do you have problems getting down to work when you should?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
3. Are you pretty persistent --- like if you can't do a job the first time, do you keep trying until you can?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
4. When you set important goals for yourself, do you have trouble achieving them?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
5. Do you give up on things before completing them?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
6. Do you avoid facing difficulties?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
7. When something looks complicated, do you avoid trying to do it?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
8. When you have something unpleasant to do, do you stick to it until you finish it?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
9. When you decide to do something, do you go right to work on it?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
10. When you try to learn something new, do you tend to give up if you are not initially successful?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
11. When unexpected problems occur, do you handle them well?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
12. Do you avoid trying to learn new things when they look too difficult?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
13. Does failure just make you try harder?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
14. Do you feel insecure about your ability to do things?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
15. Can you depend on yourself?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
16. Do you give up easily?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
17. Do you feel capable of dealing with most problems that come up in life?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)

3. PARENTING SCALE³: In this last section we are going to ask you questions about your life with your children.

Please do not complete this section if you do not have children who are under 18 years of age.

_____ I do not have children under 18. (Do not complete this section.)

_____ I have never had a period of ongoing contact with my children. (Do not complete this section.)

Please tell us whether or not you agree with the following statements. Please check the response that best describes you.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1. I have many people I can lean on, who would help me out during tough times.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
2. I believe that I am admired and praised by the people in my life. They think that I am worthy and important.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
3. The people in my life have confidence in me and expect that I will do the right thing and make good decisions.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
4. No one has ever really listened to me.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
5. Raising children is a nerve-wracking job.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
6. My life seems to have been one crisis after another.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
7. I go through times when I feel helpless and unable to do the things I should.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
8. Sometimes I just feel like running away.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
9. Most of the time, I get no support from the children's father (or stepfather/co-parent).	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
10. Raising children is harder than I expected.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
11. I have trouble keeping my kids from misbehaving.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
12. My children are difficult to control.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)

¹ Scales contains items from the following:

Fischer, J., Spann, L., and Crawford, D. (1991). Measuring Codependency, *Alcoholism Treatment Quarterly*, 8(1) 87-99.

Roehling, P. & Gaumont, E. (1996). Reliability and Validity of the Codependent Questionnaire. *Alcoholism Treatment Quarterly*, 14(1), 85-

95. Crowley Jack, D. & Dill, D. (1992). The Silencing the Self Scale, *Psychology of Women Quarterly*, 16, 97-106.

² Sherer, M., Maddus, J., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. (1982). The Self Efficacy Scale: Construction and Validation. *Psychological Reports*, 51, 663-671.

³ Most questions are from: Avison, W., Turner, R., & Noh, S. (1986) Screening for Problem Parenting: Preliminary Evidence on a Promising Instrument. *Child Abuse & Neglect*, 10, 157-170.

Scoring Relationship Support Scale (A)

Number of (a) _____ x 2 = _____

Number of (b) _____ x 1 = _____

Number of (c) _____ x 0 = ___0___

TOTAL _____

Scoring Relationship Difficulties Scale (B)

Number of (a) _____ x 2 = _____

Number of (b) _____ x 1 = _____

Number of (c) _____ x 0 = ___0___

TOTAL _____

Scoring Self-Efficacy Scale

Number of (a) _____ x 2 = _____

Number of (b) _____ x 1 = _____

Number of (c) _____ x 0 = ___0___

TOTAL _____

Scoring Parenting Stress Scale

Number of (a) _____ x 3 = _____

Number of (b) _____ x 2 = _____

Number of (c) _____ x 1 = _____

Number of (d) _____ x 0 = ___0___

TOTAL _____

If no children, or no involvement, scale score = 0