

**ATLANTA INTERVENTION NETWORK COUNSELING CENTERS**  
**Phone (770) 602-1979 Fax (770) 860-8315 Cellular (770) 713-8580**

Dekalb/Tucker Center  
5073 Lavista Road  
Tucker GA 30084-3597

Newton/Covington Center  
1115 Church Street (on Square)  
Covington, GA 30014

Rockdale/Conyers Center  
930 Green Street, SW  
Conyers, GA 30012-5286

Gwinnett/Snellville Center  
2386 Clower St, Bldg F, Suite 200  
Snellville, GA 30078

**ANGER MANAGEMENT/RELATIONSHIP SCREENING**

Confidentiality: The information you give below will be held in strict confidence. It is to be used for the evaluation. You will need to sign a Release of Information or consent form first which will detail how the information will be used and what types of exceptions exist. Any false or misrepresented information places you at risk of being discharged.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender/Sex \_\_\_\_\_ Race \_\_\_\_\_

Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

1) Relative's phone: (\_\_\_\_) \_\_\_\_\_ 2) Relative's phone: (\_\_\_\_) \_\_\_\_\_

**VICTIM INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Are you restricted from contact with victim? Yes or No?

How long were/have you been together? \_\_\_\_\_ How much contact now? \_\_\_\_\_

### CURRENT LIVING SITUATION

Check the box that most fits your situation:

- Single, never married.
- Single, but living with someone who is an intimate partner. How long? \_\_\_\_\_
- Married—How long? \_\_\_\_\_
- Is the person (parent, partner, spouse) you are living with supportive of you?  Yes/  No.
- Separated? How long? \_\_\_\_\_ Do you think you will get back together?  Yes/  No.
- Divorced? Dates of previous marriages: 1<sup>st</sup> from \_\_\_\_\_ to \_\_\_\_\_; 2<sup>nd</sup> from \_\_\_\_\_ to \_\_\_\_\_
- Children? Give age and gender (m/f): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_
- Step-Children? Give age and gender (m/f): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_
- Widow/Widower? Date of death? \_\_\_\_\_ Cause? \_\_\_\_\_

### FAMILY BACKGROUND

- Father: What does/did (if deceased) he do for a living? \_\_\_\_\_  
Father: If deceased, when did he die? \_\_\_\_\_ What did he die from? \_\_\_\_\_  
Mother: What does/did (if deceased) she do for a living? \_\_\_\_\_  
Mother: If deceased, when did she die? \_\_\_\_\_ What did she die from? \_\_\_\_\_  
Did your parents divorce?  Yes/  No. When? \_\_\_\_\_ Did you have step-parent(s)?  Yes/  No.  
How many brothers and sisters do you have? \_\_\_\_\_ Step-brothers and sisters? \_\_\_\_\_  
Did someone other than your parents raise you?  Yes/  No. Who? \_\_\_\_\_

### EDUCATION

- Graduated from high school in what year? \_\_\_\_\_
- Did not graduate from high school.
- GED? Received what year? \_\_\_\_\_ Seeking GED?  Yes/  No.
- Attended college/technical school but did not graduate. How long? \_\_\_\_\_ Major \_\_\_\_\_
- Graduated from college/technical school in what year? \_\_\_\_\_ Major \_\_\_\_\_

### EMPLOYMENT

- Currently employed and my employer is: \_\_\_\_\_ How long? \_\_\_\_\_  
Describe what you do: \_\_\_\_\_  
What other types of work have you done? \_\_\_\_\_
- Unemployed and seeking employment. What type of work are you seeking? \_\_\_\_\_
- Receiving financial assistance. What type? \_\_\_\_\_  
What did you do for a living previously? \_\_\_\_\_

### MILITARY

- No military service.
- Branch of military service \_\_\_\_\_ . Dates of service \_\_\_\_\_
- Special training? \_\_\_\_\_ What type? \_\_\_\_\_ Combat experience? \_\_\_\_\_
- Type of discharge? \_\_\_\_\_

**FINANCIAL**

Are you paying child-support?  Yes/  No. Court-ordered?  Yes/  No. Monthly amount \_\_\_\_\_  
If you are in arrears, how much? \_\_\_\_\_  
Have you ever declared bankruptcy?  Yes/  No. If yes, when? \_\_\_\_\_

**HEALTH**

Do you have any physical limitations or disabilities?  Yes/  No. If yes, describe \_\_\_\_\_  
Did you take any type of medication?  Yes/  No. What types? \_\_\_\_\_  
Has any physician or psychiatrist ever diagnosed you as having depression, PTSD, bi-polar disorder, "nerves," attention deficit disorder or any similar type illness?  Yes/  No. Which ones? \_\_\_\_\_  
Have you ever been admitted to a psychiatric hospital?  Yes/  No. Which one? \_\_\_\_\_  
Did you take any medication?  Yes/  No. What types? \_\_\_\_\_  
Have any of your family members had any of the illnesses listed above?  Yes/  No. Who? \_\_\_\_\_  
What type of illnesses did they have? \_\_\_\_\_  
Have you seriously considered harming yourself?  Yes/  No. How close did you come? \_\_\_\_\_  
Have you seriously considered harming others?  Yes/  No. How close did you come? \_\_\_\_\_  
Has anyone in your family committed suicide?  Yes/  No. Who? \_\_\_\_\_

**LEGAL**

**Currently on Probation:** What county? \_\_\_\_\_ Probation Officer's Name \_\_\_\_\_  
What are you on probation for? \_\_\_\_\_ When were you arrested? \_\_\_\_\_  
When were you sentenced? \_\_\_\_\_ How much time did you serve? \_\_\_\_\_  
Fine \$ \_\_\_\_ Community Service hours \_\_\_\_ .D.V. Class \_\_\_\_ . Length of Probation \_\_\_\_\_  
Describe the events surrounding the arrest: \_\_\_\_\_

**Pending Charges:** What are the charges? \_\_\_\_\_  
What county/city? \_\_\_\_\_ Do you have an attorney?  Yes/  No. When do you go to court? \_\_\_\_\_ Describe the circumstances of the arrest: \_\_\_\_\_

**Other Arrests:** List any other arrests you have including DUIs. You need to be accurate as possible so that if what you report is checked against your record it will not appear as if you were attempting to be evasive or hiding information.

	Charge	Date arrested	Date sentenced	Actual Sentence
1 <sup>st</sup> Arrest	_____	_____	_____	_____
2 <sup>nd</sup> Arrest	_____	_____	_____	_____
3 <sup>rd</sup> Arrest	_____	_____	_____	_____
4 <sup>th</sup> Arrest	_____	_____	_____	_____

**SEVERITY OF VIOLENCE SCALE (Female Victim)**  
(Linda Marshall, 1992)

You have probably experienced anger or conflict with your partner or other individual. Below is a list of behaviors you may have done. For each statement, describe how often you have done each behavior by writing the appropriate number in the blank.

1 Never 2 Once 3 A Few times 4 Many times

- |       |     |   |
|-------|-----|---|
| _____ | 1.  | Hit or kicked a wall, door, or furniture.               |
| _____ | 2.  | Drove dangerously with her in the car.                  |
| _____ | 3.  | Threw an object at her.                                 |
| _____ | 4.  | Made threatening faces or gestures at her.              |
| _____ | 5.  | Acted like a bully toward her.                          |
| _____ | 6.  | Destroyed something belonging to her.                   |
| _____ | 7.  | Threatened to destroy her property.                     |
| _____ | 8.  | Threatened someone she cares about.                     |
| _____ | 9.  | Threatened to hurt her.                                 |
| _____ | 10. | Threatened to kill yourself.                            |
| _____ | 11. | Threatened to kill her.                                 |
| _____ | 12. | Threatened her with a weapon.                           |
| _____ | 13. | Acted like you wanted to kill her.                      |
| _____ | 14. | Threatened her with a gun or knife.                     |
| _____ | 15. | Held her down pinning her in place.                     |
| _____ | 16. | Pushed or shoved her.                                   |
| _____ | 17. | Grabbed her suddenly or forcefully/roughly handled her. |
| _____ | 18. | Scratched her.  |
| _____ | 19. | Pulled her hair.  |
| _____ | 20. | Twisted her arm.  |
| _____ | 21. | Spanked her.  |
| _____ | 22. | Bit her.  |
| _____ | 23. | Slapped her with the palm/back of your hand.            |
| _____ | 24. | Slapped her around her face and head.                   |
| _____ | 25. | Hit her with an object.                                 |
| _____ | 26. | Punched her.  |
| _____ | 27. | Kicked her.   |
| _____ | 28. | Stomped on her.   |
| _____ | 29. | Choked her.   |
| _____ | 30. | Burned her with something.                              |
| _____ | 31. | Beat her up.  |
| _____ | 32. | Used a knife or gun on her.                             |
| _____ | 33. | Demanded sex whether she wanted it or not.              |
| _____ | 34. | Made her have oral sex against her will.                |
| _____ | 35. | Made her have sexual intercourse against her will.      |
| _____ | 36. | Physically forced her to have sex.                      |
| _____ | 37. | Made her have anal sex against her will.                |

**SEVERITY OF VIOLENCE SCALE (Male Victim)**  
(Linda Marshall, 1992)

You have probably experienced anger or conflict with your partner or other individual. Below is a list of behaviors you may have done. For each statement, describe how often you have done each behavior by writing the appropriate number in the blank.

1 Never 2 Once 3 A Few times 4 Many times

- |       |     |   |
|-------|-----|---|
| _____ | 1.  | Hit or kicked a wall, door, or furniture.               |
| _____ | 2.  | Drove dangerously with him in the car.                  |
| _____ | 3.  | Threw an object at him.                                 |
| _____ | 4.  | Made threatening faces or gestures at him.              |
| _____ | 5.  | Acted like a bully toward him.                          |
| _____ | 6.  | Destroyed something belonging to him.                   |
| _____ | 7.  | Threatened to destroy his property.                     |
| _____ | 8.  | Threatened someone he cares about.                      |
| _____ | 9.  | Threatened to hurt him.                                 |
| _____ | 10. | Threatened to kill yourself.                            |
| _____ | 11. | Threatened to kill him.                                 |
| _____ | 12. | Threatened him with a weapon.                           |
| _____ | 13. | Acted like you wanted to kill him.                      |
| _____ | 14. | Threatened him with a gun or knife.                     |
| _____ | 15. | Held him down pinning him in place.                     |
| _____ | 16. | Pushed or shoved him.                                   |
| _____ | 17. | Grabbed him suddenly or forcefully/roughly handled him. |
| _____ | 19. | Scratched him.  |
| _____ | 20. | Pulled his hair.  |
| _____ | 21. | Twisted his arm.  |
| _____ | 22. | Spanked him.  |
| _____ | 23. | Bit him.  |
| _____ | 24. | Slapped him with the palm/back of your hand.            |
| _____ | 25. | Slapped him around his face and head.                   |
| _____ | 26. | Hit him with an object.                                 |
| _____ | 27. | Punched him.  |
| _____ | 28. | Kicked him.   |
| _____ | 29. | Stomped on him.   |
| _____ | 30. | Choked him.   |
| _____ | 31. | Burned him with something.                              |
| _____ | 32. | Beat him up.  |
| _____ | 33. | Used a knife or gun on him.                             |
| _____ | 34. | Demanded sex whether he wanted it or not.               |
| _____ | 35. | Made him have oral sex against his will.                |
| _____ | 36. | Made him have sexual intercourse against his will.      |
| _____ | 37. | Physically forced him to have sex.                      |
| _____ | 38. | Made him have anal sex against his will.                |

## ALCOHOL AND DRUG HISTORY QUESTIONNAIRE

### Drinking/Using Pattern

Please answer the following questions on the basis of how you have drank alcohol or used drugs in the past 10 years. If you have not been drinking for a length of time, there will be a space to fill that in. We need to know how you have drank alcohol or used drugs in the past.

In the past, did your father drink (circle your response): heavily, moderately, lightly, never drank?

In the past, did your mother drink (circle your response): heavily, moderately, lightly, never drank?

How about any brothers or sisters? Heavily, moderately, lightly, never drink?

If you drank, where did you do most of your drinking? (Home, bars, parties, friend's home)

\_\_\_\_\_

Have you ever tried to stop drinking or drugging?  Yes/  No. If yes, how long did you go without drinking?  
\_\_\_\_ Why did you stop? \_\_\_\_\_

Have you ever had an alcohol or drug use evaluation before?  Yes/  No. When? \_\_\_\_\_  
Where? \_\_\_\_\_ Why was the evaluation done? \_\_\_\_\_

Have you ever been in treatment for alcohol or drug related issues?  Yes/  No. When and where did this take place? (Not including DUI School) \_\_\_\_\_

Have you ever been in an alcohol/drug-related halfway house?  Yes/  No. When? \_\_ Where? \_\_\_\_

Have you ever been told by a doctor to stop drinking?  Yes/  No.

Has anyone ever suggested to you that you should stop drinking?  Yes/  No.

Do you typically drink alone?  Yes/  No.

Do most of your friends drink?  Yes/  No.

Have you ever attended an Alcoholics Anonymous (or CA, NA) meeting?  Yes/  No.  
Was it court-ordered?  Yes/  No.

Does your partner or roommate drink?  Yes/  No. (heavily, moderately, lightly, never drank?)

Have you ever been threatened about losing your job due to alcohol related problems?  Yes/  No.

In a one month (30 days) period, how many days would you drink? \_\_\_\_\_

Each time you drink, how much would you typically drink? \_\_\_\_\_

In a one week (7 days) period, how much would you drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Do you have hangovers?  Yes/  No. How often? \_\_\_\_\_. Last hangover? \_\_\_\_\_

Have you ever used marijuana?  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used cocaine  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used methamphetamine  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used other illicit drugs not listed?  Yes/  No. Which ones? \_\_\_\_\_

Have you ever abused prescription drugs?  Yes/  No. Which ones? \_\_\_\_\_

Have you ever failed a drug screen (for example, at work or at probation)? \_\_\_\_\_

Have you sold drugs for profit or for your own use?  Yes/  No. When? \_\_\_\_\_ How long?\_\_

Do you think you have a problem with alcohol or drugs? Circle your response below.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is the worst level of problem you reached while drinking or using drugs? Circle your response.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is your present goal concerning drinking (or use of drugs)?  Total abstinence (no drinking).

Cutting back on drinking.  Drinking the same amount.  Not drinking when drinking.

Do you think there are any questions/issues we might have missed that you would like to cover?

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Print your name: \_\_\_\_\_

Sign your name: \_\_\_\_\_

Date: \_\_\_\_\_