**PRE-INTAKE Information**

***Demographic and General Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Your Name: |  | Today’s date: |  |
| Date of birth: |  |  |  |
| Address: |  |
| Phone (cell):  |  | Phone (other): |  |
| Email: |  |  |

Who is the identified victim?

What is their relationship to you?

What is the last working phone number you have for them?

What is their email?

Do you know where the victim lives? Y N Where they work? Y N Their daily schedule? Y N

Did a court refer you? Y N Name of court:

Do you have a probation or parole officer? Y N Name of officer:

What is your current relationship status?

If you are currently in a relationship, what are your plans for the relationship?

Please circle your gender identity: Male Female Fluid Non-conforming Questioning Transgender Transitioning Two-spirit Other:

Please circle which pronouns you prefer: He/him/his She/her/hers They/them/theirs Just my name Other:

If you’d like to share your sexual orientation:

Your race:

Your ethnicity:

If you’d like to share your religion or spiritual belief:

What groups do you belong to or identify with?

***Past Experiences***

Have you ever been the victim of domestic violence? Y N If yes, please explain:

Have you ever been the victim of sexual assault? Y N If yes, please explain whatever you’re comfortable sharing:

Have you ever been through what you would consider a traumatic experience? Y N If yes, please explain whatever you’re comfortable sharing:

***Legal Considerations***

Do you have any current court orders (circle)? No contact order Protection order Parenting assessment Child support Supervised visitation Other:

Are there past court orders that are no longer in effect? Y N If yes, please list them:

Have you ever been detained, arrested or charged for domestic violence? Y N

If yes, how many times?

Were there ever any children present or in close proximity?

What would you like us to know about the most current incident(s)?

What would you like us to know about any of the past incidents?

***Domain 1***

Please circle the number for any of the following situations that have ever been or are currently true for you:

1. The identified victim and I are separated.
2. I have caused physical harm to a partner.
3. I have put my hands on a partner’s neck when I was angry.
4. I have been controlling with a partner.
5. I have forced a partner to have sex with me.
6. I have tried to convince or pressure a partner to have sex with me when they didn’t want to.
7. I have been emotionally abusive to a partner.
8. I have been psychologically abusive to a partner.
9. I have used a firearm before.
10. I have training using firearms.
11. I have training using weapons other than firearms.
12. I have threatened to use a weapon on a partner.
13. I have used a weapon on a partner.
14. I have been a jealous person with a partner.
15. I have been possessive about a partner.
16. I have tried to isolate (keep them from spending time with friends or family) a partner.
17. I have monitored (cell phone, social media or in person) a partner.
18. I have physically kept a partner from leaving.
19. I have followed a partner or gone to where they are without their knowledge or permission.
20. I have abused or hurt an animal.
21. I have abused or hurt an elderly person.
22. I have abused or hurt a child.
23. I have recently lost my job or changed jobs.
24. I have recently broken up with someone.
25. I have recently started drinking or using drugs.
26. I have recently increased my drinking or drug use.
27. I have recently lost a friendship or other meaningful relationship.
28. The identified victim has children that are not biologically mine.
29. I have been violent before.
30. I have had police contact for my violence.
31. I have had an anger management assessment or treatment.
32. I have had a domestic violence assessment or treatment.
33. I have thought about suicide.
34. I have attempted suicide.
35. I have threatened to commit suicide.
36. I have thought about killing someone.
37. I have tried to kill someone.
38. I have threatened to kill someone.
39. I have violated a probation order, no contact order, protection order or similar order.
40. I have caused physical injury to someone.
41. I have committed a sexual assault.
42. I have strangled someone.
43. I have previous domestic violence incidents with more than one partner.

***Domain 2***

Have you ever had a traumatic brain injury? Y N If yes, please explain:

Have you had any history of concussions or brain disease or injuries from strokes or dementia? Y N

If yes, please explain:

Have you had repeated blows to the head from sports or anything else, regardless of whether or not you lost consciousness? Y N If yes, please explain:

***Domain 3***

Please circle the number for any of the items that you have experienced:

1. Direct or indirect exposure or witnessing of death, threatened death, serious injury or other violence
2. Easily startled or frightened
3. Recurrent and intrusive memories
4. Traumatic nightmares
5. Amnesia, forgetting who or where I am, sleepwalking or dream states
6. Self-destructive behavior
7. Constantly tense or on-edge
8. Irritability or aggressive behavior
9. Trouble sleeping
10. Overwhelming guilt or shame
11. Exaggerated startle response
12. Social isolation or withdrawal
13. Self-harm or suicidal thoughts or behaviors
14. Extreme shifts in mood
15. Intense emotional changes
16. Periods of mania and depression
17. Edginess
18. Restlessness
19. Excessive worry about topics, events or activities
20. Feelings of sadness, emptiness or hopelessness
21. A decrease of pleasure in activities
22. Significant weight loss or gain
23. Sleeping too little or too much
24. Feelings of worthlessness or inappropriate guilt
25. A decreased ability to think or concentrate
26. Compulsive, hostile or isolating behaviors
27. Impulsive behaviors
28. Feeling anxious, angry, guilty or lonely
29. Disrespect for the law and what society considers to be normal behavior
30. Rarely feel remorse or guilt
31. A tendency to be violent with those who I’m not close to
32. Trouble holding a steady job
33. Difficulty staying in one place very long
34. Close relationships with a specific person or a few people but difficulty feeling close with others
35. A dislike of society in general and its rules
36. Disorganized and spontaneous
37. A tendency to be nervous or easily agitated
38. Prone to emotional outbursts including rage
39. The ability to put myself in someone else’s shoes, like those I’m close to, but not with most people
40. Behavior problems in childhood
41. Not feeling attached to anyone
42. Easily gaining the trust of others
43. Easily manipulating others
44. Cool, calm and meticulous
45. Bold, not shy and mean
46. Impulsive and aggressive

Have you had previous mental health or domestic violence treatment? Y N If yes, where:

Are you currently attending any treatment? Y N If yes, where:

Do you have any mental health conditions we should be aware of? Y N If yes, what are they?

Are you currently taking any medications? Y N If yes, please list them:

***Domain 4***

What is your opinion about hierarchical relationships between intimate partners (where one person has more importance or more decision making power over the other)?

What are your spiritual, religious and cultural beliefs about gender and family roles?

***Domain 5***

Have you used alcohol or any drugs? Y N If yes, please fill out the table and fill it in as needed:

|  |  |  |
| --- | --- | --- |
| **Substance** | **Amount and frequency of use** | **Last date used** |
| Alcohol |  |  |
| THC |  |  |
| Opiates |  |  |
| Cocaine  |  |  |
| Meth |  |  |
|  |  |  |

Have you ever had a substance related charge? Y N If yes, please explain:

Have you ever had a substance use assessment or treatment? Y N If yes, where (with approximate dates):

***Domain 6***

Please list your criminal history (Use the back if you need more room):

|  |  |  |  |
| --- | --- | --- | --- |
| Charge | Year | State | Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you lived outside of WA State over the last ten years? Y N If so, please list where (with dates):

Do you have friends or family who engage in criminal or illegal activities? Y N

Do you have friends or family who are good influences on you? Y N If so, in what ways?

What is your current employment status (for how long)?

Do you enjoy your work? Y N Please explain:

What is your primary language?

Are you fluent in any other languages? Y N If yes, please list them:

Please list any learning disabilities, trouble reading or writing, or language needs:

Who are the people in your primary support group (your closest friends and family – your inner circle)?

How do the people in your primary support group feel about domestic violence and your current situation?

What motivates you to want healthy family relationships?

List some of your hobbies, recreational or social activities:

What are some of your personal strengths?