

# WA State Certified Domestic Violence Intervention Treatment Services Participant Pre-Assessment Questionnaire Template

## ***Demographic and General Information***

Your Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact \_\_\_\_\_

Who do you live with? \_\_\_\_\_

How many years of schooling? \_\_\_\_\_ GED or Highschool Diploma \_\_\_\_\_ Years of Higher ed. \_\_\_\_\_

Have you served in the military? Y N Which branch? \_\_\_\_\_ # of years \_\_\_\_\_

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: \_\_\_\_\_

How did your parents discipline you as a child? \_\_\_\_\_

## Preliminary Information

1. Who, if anyone, is requesting, ordering, referring, or advising you to get an anger or domestic violence evaluation? (Be specific as to the name of the court, person, probation officer, etc.) \_\_\_\_\_  
\_\_\_\_\_
2. Have you been charged with a domestic violence offense? \_\_\_\_\_ If no skip to #6.
3. What is the current status or outcome of this charge? \_\_\_\_\_
4. What is your relationship to the person considered the victim? \_\_\_\_\_
5. What have you been sentenced to, or in any way agreed to, do in terms of counseling or education? \_\_\_\_\_  
\_\_\_\_\_
6. Are you a party to any current civil proceedings or dispute? (eg. Dissolution, parenting plan) \_\_\_\_\_  
If yes, are you obtaining this evaluation because of these civil proceedings? \_\_\_\_\_  
\_\_\_\_\_
7. How did you choose the Follman Agency? \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby voluntarily consent to receive services for treatment at the Follman Agency, 910 S. Anacortes Street, Burlington, Washington. I agree to fulfill my financial obligations to the Follman Agency for the services based upon agreement between the Follman Agency and myself.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Follman

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

How did your parents deal with conflict with each other when you were a child?

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***

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:

What crime, if any, are you charged with?

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

Do you have an attorney? Y N If yes, name: \_\_\_\_\_

What is your current relationship status?

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

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? Y N

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.   | 14. I have been a jealous person with a partner.   |
| 2. I have caused physical harm to a partner.  | 15. I have been possessive about a partner.  |
| 3. I have put my hands on a partner's neck when I was angry.                                    | 16. I have tried to isolate (keep them from spending time with friends or family) a partner.   |
| 4. I have been controlling with a partner.  | 17. I have monitored (cell phone, social media or in person) a partner.                        |
| 5. I have forced a partner to have sex with me.   | 18. I have physically kept a partner from leaving.   |
| 6. I have tried to convince or pressure a partner to have sex with me when they didn't want to. | 19. I have followed a partner or gone to where they are without their knowledge or permission. |
| 7. I have been emotionally abusive to a partner.  | 20. I have abused or hurt an animal.   |
| 8. I have been psychologically abusive to a partner.  | 21. I have abused or hurt an elderly person.   |
| 9. I have used a firearm before.  | 22. I have abused or hurt a child.   |
| 10. I have training using firearms.   | 23. I have recently lost my job or changed jobs.   |
| 11. I have training using weapons other than firearms.  | 24. I have recently broken up with someone.  |
| 12. I have threatened to use a weapon on a partner.   | 25. I have recently started drinking or using drugs.   |
| 13. I have used a weapon on a partner.  | 26. I have recently increased my drinking or drug use.   |

- 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? ( for example: ADHD, PTSD, depression or any other psychiatric diagnosis) Y N If yes, what are they?

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 | 18. Restlessness  |
| 2. Easily startled or frightened  | 19. Excessive worry about topics, events or activities                      |
| 3. Recurrent and intrusive memories   | 20. Feelings of sadness, emptiness or hopelessness                          |
| 4. Traumatic nightmares   | 21. A decrease of pleasure in activities                                    |
| 5. Amnesia, forgetting who or where I am, sleepwalking or dream states                                    | 22. Significant weight loss or gain   |
| 6. Self-destructive behavior  | 23. Sleeping too little or too much   |
| 7. Constantly tense or on-edge  | 24. Feelings of worthlessness or inappropriate guilt                        |
| 8. Irritability or aggressive behavior  | 25. A decreased ability to think or concentrate                             |
| 9. Trouble sleeping   | 26. Compulsive, hostile or isolating behaviors                              |
| 10. Overwhelming guilt or shame   | 27. Impulsive behaviors   |
| 11. Exaggerated startle response  | 28. Feeling anxious, angry, guilty or lonely                                |
| 12. Social isolation or withdrawal  | 29. Disrespect for the law and what society considers to be normal behavior |
| 13. Self-harm or suicidal thoughts or behaviors   | 30. Rarely feel remorse or guilt  |
| 14. Extreme shifts in mood  | 31. A tendency to be violent with those who I'm not close to                |
| 15. Intense emotional changes   | 32. Trouble holding a steady job  |
| 16. Periods of mania and depression   |   |
| 17. Edginess  |   |

**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**

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

Do you take them as prescribed? Y N Explain:

Smoke? Y N	# per day
Coffee? Y N	Cups per day
Water?	Glasses per day

Primary Care Physician? \_\_\_\_\_ Date of last visit? \_\_\_\_\_ Why? \_\_\_\_\_

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		
Other		

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

**Domain 6**

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

Charge	Year	State	Outcome

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

What would you say is the best thing that ever happened to you?

What would you say was the worst think that ever happened to you

Describe any abuse/violence in your relationships toward any, past or present, Significant Others/Spouses or children:

**SOCIAL:**

Do you have any close friends/relatives you feel comfortable talking to about personal problems?

YES or NO: \_\_\_\_\_

Current social activities/hobbies/recreational activities? \_\_\_\_\_

**HEALTH:**

In your own words, please describe your health in general: \_\_\_\_\_

Have you had any serious illnesses or surgeries in the past 5 years? \_\_\_\_\_

If *yes*, please describe: \_\_\_\_\_

Have you ever had any serious head injuries? \_\_\_\_\_

If yes, Please describe \_\_\_\_\_

Any mental health problems/hospitalizations? \_\_\_\_\_

Are you currently taking any medication(s)? Please state who prescribed and why: \_\_\_\_\_

Do you take them as prescribed? \_\_\_\_\_

Have you ever taken an anti-depressant or similar medications? \_\_\_\_\_

Please specify \_\_\_\_\_

Have you ever been diagnosed or told you have Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Depression or any other psychiatric diagnosis? \_\_\_\_\_

Do you smoke? Yes No Brand: \_\_\_\_\_ cigarettes per day: \_\_\_\_\_

How much coffee do you drink per day? \_\_\_\_\_

How much plain water do you drink per day? \_\_\_\_\_

Name of your Primary Care Provider (family doctor) \_\_\_\_\_

When did you last see them? \_\_\_\_\_

Why? \_\_\_\_\_

# FOLLMAN AGENCY

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**INSTRUCTIONS:** *Please complete this form to the best of your ability. A counselor will meet with you to further review the material.*

**EDUCATION:**

Do you have a high school diploma? \_\_\_\_\_

Do have a G. E. D.? \_\_\_\_\_

How many years of school have you completed? \_\_\_\_\_

Were you involved in specialized programs or classes? \_\_\_\_\_

Do you have any learning disabilities or reading/writing difficulties? \_\_\_\_\_  
\_\_\_\_\_

Is this paperwork difficult to fill out? \_\_\_\_\_

Do you like your current job? \_\_\_\_\_

Do you feel your job is suitable to your education/talents? \_\_\_\_\_

**MILITARY:** YES or NO

Branch of service \_\_\_\_\_ Years \_\_\_\_\_ Type of discharge \_\_\_\_\_

Combat/Trauma? \_\_\_\_\_

Are you currently involved with the VA or a Vet Center? \_\_\_\_\_ Disability \_\_\_\_\_ % for \_\_\_\_\_

**RELATIONSHIPS/CHILDREN:**

Please list the names of current and previous spouses/significant others and children from these relationships by name, age and gender. Also give the date(s) you were living together or married:

Current \_\_\_\_\_  
\_\_\_\_\_

Previous \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL:**

Are there any outstanding warrants for your arrest at this time? \_\_\_\_\_

Have you ever been the respondent to a protection, restraining, no contact or anti-harassment order? \_\_\_\_\_

Have you ever been arrested, cited, or charged? \_\_\_\_\_ (Not DWI or traffic violations) List the year and the type of offense for which you were arrested. List it even if you were found not guilty or the charges were later dropped.

**Date**

**Offense**

**Outcome**

Have you ever been cited for a DWI, DUI, or Physical Control, Reckless Driving or Reckless Negligence?

**Date**

**Offense**

**Outcome**

Has your driver's license ever been suspended or revoked? \_\_\_\_\_ (Including this offense)

If **yes**, please explain: \_\_\_\_\_

Status of your license now? \_\_\_\_\_

When is your next court or probation appointment? \_\_\_\_\_

\_\_\_\_\_  
Evaluating Counselor

\_\_\_\_\_  
date

## Legal Issues

1. Is this assessment prompted or suggested by anyone connected to the legal system?  
☐ No    If yes,  
Who \_\_\_\_\_
2. Are you currently under the supervision of the Department of Correction?  
☐ No    If yes, Correction Officers  
Name \_\_\_\_\_
3. Are you under civil or criminal court ordered mental health or chemical dependency treatment?  
☐ No    ☐ Yes
4. Is there a court order exempting the individual participant from report requirements?  
☐ No    ☐ Yes, a copy of the court order must be included in the record if the participant claims exemption from reporting requirements.
5. Do you know where the victim lives or works?  
☐ No    ☐ Yes
6. Do you have regular contact with the victim?  
☐ No    ☐ Yes
7. Do you have any third party contact with the victim?  
☐ No    ☐ Yes
8. Do you reside with the victim?  
☐ No    ☐ Yes

# FOLLMAN AGENCY

## RECORD OF AFFIRMATION OF ASSESSMENT INFORMATION VERACITY

I hereby affirm that the information I give, in both written and verbal forms, during this domestic violence evaluation is the full and complete truth to the best of my knowledge. I understand that if any information given by me is later found to be intentionally misleading or untrue, this evaluation and resulting recommendations and/or treatment plan are rendered invalid and the evaluation and/or treatment may be re-done.

This affirmation of veracity applies especially to information relating to my criminal, domestic abuse, and substance abuse histories.

Signed: \_\_\_\_\_

Client

date

\_\_\_\_\_

Evaluating Counselor

date

\*\*\*\*\*

### Financial Obligation

I, \_\_\_\_\_, hereby voluntarily consent to receive services for treatment as the Follman Agency, 910 S. Anacortes Street, Burlington, Washington. I agree to fulfill my financial obligations to the Follman Agency for the services based upon agreement between the Follman Agency and myself.

Signed: \_\_\_\_\_

Client

date

\_\_\_\_\_

Evaluating Counselor

date

\*\*\*\*\*

### In Regard to Previous Assessments

I, \_\_\_\_\_, am requesting an Anger/Domestic Violence Assessment be prepared by the FOLLMAN AGENCY. I declare that:

1. I have had NO prior assessments except as noted here:

\_\_\_\_\_

2. I understand that failure to reveal prior evaluations and/or to give permission for exchange of information between agencies will prohibit the current agency from providing accurate services necessary to prepare this assessment.

**I certify and declare under penalty of perjury under the laws of the State of Washington that this is true and correct.**

Signed: \_\_\_\_\_

Client

date

How did you parents deal with conflict with each other when you were a child? \_\_\_\_\_

List you brothers and sisters in order of age including yourself. List also half-siblings (etc): \_\_\_\_\_

What would you want to work on if you were in counseling right now? \_\_\_\_\_

What was the role of alcohol or other drugs in the incident? **Check those that apply:**

- ☐ Caused incident      ☐ Both parties under the influence      ☐ I was under the influence
- ☐ Victim was under the influence      ☐ Not a factor

Are you more likely to be involved in an abusive situation when you drink? Yes ☐ No ☐

Please check those kinds of abuse you have engaged in the last 2 years with your partner and/or children?

- a) physical      c) destruction/property/pets
- b) sexual      d) psychological abuse
- e) none of the above

How often are you physically abusive with your primary relationship? **Please choose one:**

0	1	2	3	4	5	6	7
Never		a few	monthly	weekly	2-3 times	4-5 times per	daily
Once		times per			weekly	week	
		year					

**PROFILE:**

What would you say is the **best thing** that has happened to you in your life? \_\_\_\_\_

What would you say is the **worst thing** that has happened to you in your life? \_\_\_\_\_

Have you ever received psychotherapy or counseling for any problems? \_\_\_\_\_

If so, **when, where, and how many hours?** \_\_\_\_\_

If so, what was the reason? \_\_\_\_\_

Have you ever been so depressed that you thought about suicide? ☐ No ☐ Yes

If **yes**, have you ever made or carried out any suicide plans? \_\_\_\_\_

Do you know how to use guns? \_\_\_\_\_

Do you currently possess any weapons? ☐ No ☐ Yes

If so describe: \_\_\_\_\_

Have you ever thought about killing someone? ☐ No ☐ Yes

If so describe: \_\_\_\_\_

Have you ever been a victim of physical or sexual abuse or neglect? ☐ No ☐ Yes

If **yes**, please describe: \_\_\_\_\_

Have you ever feared for your life? ☐ No ☐ Yes

If **yes**, please describe: \_\_\_\_\_

How did your parents discipline you as a child? \_\_\_\_\_

Did any of your parents have problems with alcohol or illegal drugs? \_\_\_\_\_



**ALCOHOL USE:**

How many alcoholic drinks did you consume in the 24 hours leading up to the incident? \_\_\_\_\_

As far as you know, how much, if any, did the other person drink? \_\_\_\_\_

Do you feel that drinking is causing any problems for you? \_\_\_\_\_

How often do you drink? \_\_\_\_\_ How many drinks do you usually drink? \_\_\_\_\_

Do you ever drink more than you intended? ☐ No ☐ Yes

If yes please explain: \_\_\_\_\_

Have you ever gone on a drinking spree that lasted more than 12 hours? ☐ No ☐ Yes

What is the longest period that you have gone without drinking? \_\_\_\_\_

Date of your last drink? \_\_\_\_\_

Have you ever gotten the feeling that you really want or need a drink? ☐ No ☐ Yes

Are you an alcoholic? ☐ No ☐ Yes

**ILLEGAL DRUG USE:**

Were you or the other person under the influence of any drug at the time of the incident? \_\_\_\_\_

What type of drug was it? \_\_\_\_\_

What type of drug(s) do you prefer now? \_\_\_\_\_

What was the date of your last use of a drug? \_\_\_\_\_

Do drugs cause any problems for you? \_\_\_\_\_

Have you ever been evaluated or treated for alcohol/drug use? ☐ No ☐ Yes

If **yes**, where and when? \_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to totally abstain from alcohol and illegal drugs if you do treatment/counseling here? ☐ No ☐ Yes

If **NO**, Please explain: \_\_\_\_\_

Check the box on the left for each behavior that happened to you in the relationship that this incident happened in. Check box on the right for each behavior you did to your partner during the relationship.

<b>Example:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left Box: Other person did to you during relationship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Right Box: You did to other person during relationship.
-----------------	-------------------------------------	--------------------------	---	--------------------------	-------------------------------------	---

**PHYSICAL ABUSE**

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Scratch                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Pinch                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Pull Hair                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deny Physical Needs               |
| <input type="checkbox"/> | <input type="checkbox"/> | Grab                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Push/Shove                        |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Slap                              |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bite                              |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Twist Limbs                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Bruise                            |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Punch                             |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Throw Objects                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Used as a Target                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kick                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Thrown                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Forced Ingestion of Alcohol/Drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Deny Medical Attention            |
| <input type="checkbox"/> | <input type="checkbox"/> | Choke                             |
|                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Beating                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Poison                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Use Weapons                       |

**PSYCHOLOGICAL ABUSE**

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Demeaning Jokes                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Silent Treatment                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Put Downs                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Insults                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Ignore Feelings                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Yelling/Screaming                |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Invasion of Partner's Privacy    |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Breaking Objects, Punching Walls |
| <input type="checkbox"/> | <input type="checkbox"/> | Blaming                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Monitoring Activities            |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Jealousy                         |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Threats                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Isolation                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep Deprivation                |
| <input type="checkbox"/> | <input type="checkbox"/> | Humiliation                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Affairs                          |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Label Crazy/"Sick"               |
|                          |                          |                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Harming Pets, Prized Possessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Threaten Homicide, Suicide       |

**SEXUAL ABUSE**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Crude Sexual Jokes                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Demeaning Comments                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Treat Like Sex Objects                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Unwanted Touching                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Requiring Sex as Duty                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Withhold Sex as Punishment              |
| <input type="checkbox"/> | <input type="checkbox"/> | Promiscuous in Front of Partner         |
| <input type="checkbox"/> | <input type="checkbox"/> | Control Contraceptives                  |
|                          |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Forcing Sex during Illness              |
| <input type="checkbox"/> | <input type="checkbox"/> | Forcing Partner to Have Sex with Others |
| <input type="checkbox"/> | <input type="checkbox"/> | Sex After Violence-"Please Forgive Me"  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rape                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Beat After Sexual Intimacy              |
| <input type="checkbox"/> | <input type="checkbox"/> | Using Sex to Injure                     |

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

0 1 2 3 4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

I II III IV  
0-3 4-9 10-13 14+

**CONFIDENTIAL REPORT**  
**ANGER/DOMESTIC VIOLENCE PROGRAM**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Verbal      Physical      Threats      Sexual      Emotional      Other \_\_\_\_\_

a) excellent          b) good                  c) fair                  d) depressing

Do you think you were guilty of the offense as charged? ☐ Yes ☐ No

# **FOLLMAN AGENCY**

910 S. Anacortes Street  
Burlington, WA 98233  
(360) 755-1125 FAX (360)757-1125

## ***MISSION STATEMENT***

**Follman Agency's** mission is to work cooperatively to END domestic violence in Skagit County through education, empowerment, advocacy, counseling, and support.

## ***PHILOSOPHY STATEMENT***

The Follman Agency is dedicated to victim safety and it is our first prior. We are dedicated to the belief that no one deserves to be abused. All people have the right to live a life **FREE** from violence -- either physical, emotional, mental, or sexual. We believe violence is a community problem with a community solution. We are committed to work together with **ALL** services, systems, and individuals to **STOP** violence and create a climate of accountability.

***Services are provided to all people regardless of gender, sexual orientation, ethnic heritage, physical/development or cognitive disabilities.***

# FOLLMAN AGENCY

## RECORD OF AFFIRMATION OF ASSESSMENT INFORMATION VERACITY

I hereby affirm that the information I give, in both written and verbal forms, during this domestic violence evaluation is the full and complete truth to the best of my knowledge. I understand that if any information given by me is later found to be intentionally misleading or untrue, this evaluation and resulting recommendations and/or treatment plan are rendered invalid and the evaluation and/or treatment may be re-done.

This affirmation of veracity applies especially to information relating to my criminal, domestic abuse, and substance abuse histories.

Signed: \_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluating Counselor

\_\_\_\_\_  
Date

**ANGER/DOMESTIC VIOLENCE ACCOUNTABILITY PROGRAM**  
**Certification of Compliance**

I, \_\_\_\_\_, am requesting an Anger/Domestic Violence Assessment be prepared by the FOLLMAN AGENCY. I declare that:

1. I have had NO prior Assessments except as noted here:

\_\_\_\_\_  
\_\_\_\_\_

2. I understand that failure to reveal prior evaluations and/or to give permission for exchange of information between evaluation agencies will prohibit the current agency from providing accurate evaluative services necessary to prepare this assessment.

**I certify and declare under penalty of perjury under laws of the State of Washington that this is true and correct.**

*SIGNED:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

Signature of Evaluating Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

---

**STATEMENT OF CONFIDENTIALITY**

*As a participant in the Anger/Domestic Violence Accountability Program, I understand and agree that:*

1. The staff of the Follman Agency and Anger/Domestic Violence Accountability Program will keep confidential any and all information concerning my participation in the program, and that confidentiality will be broken only if:
  - A. Reason to reasonably suspect physical, sexual or other child abuse is taking place, in which case Child Protective Services (CPS) will be notified.
  - B. Reason to suspect imminent danger to others or myself is present, in which case appropriate sources of help will be notified.
  - C. Staff members of the Follman Agency are required to appear in court and are ordered by the residing judge to answer questions directed to them, in which case they will answer the questions.
  - D. Reason to believe an unreported crime has been committed especially violation of a No Contact Order, Protection Order, or Restraining Order.
2. I will keep confidential any and all personal information, including names of the class and group members, revealed in the class or group, subject to the same exceptions listed above.
3. Safety checks will be made when appropriate with my spouse or other significant persons in my life, and that any and all personal information gathered during the safety checks will be held confidential, subject to the same exception listed above. A phone call and/or letter about our services may be used to contact to your partner or spouse. Further, no confidential personal information about me will be passed to my spouse or significant other people during the safety checks.

*SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*NAME:* \_\_\_\_\_ *WITNESS:* \_\_\_\_\_

## ANGER/DOMESTIC VIOLENCE PROGRAM DISCLAIMER AND PROGRAM DESCRIPTION

This treatment has been designed primarily to educate the participants in methods and strategies, which will either reduce or eliminate those precipitating thoughts/feelings/behaviors leading to the events that resulted in the original referral for services. Successful change in these areas will be contingent upon the client's ability and willingness to apply the presented information in their day-to-day lives. **Without active participation in the process of change the treatment alone will not cause change; Clients who present themselves as disengaged will therefore be discharged.**

*If you have been charged with a domestic violence offense, you may be recommended to do the Domestic Violence Accountability Program.*

**Domestic Violence Accountability Program** lasts for one year. Meetings are in-group format one day per week for two hours. After twenty-six weeks, the program participant is then required to meet individually with the counselor one time per month for the last six months. Program participants will not be released from the DVAP until the counselor feels the program requirements changes in behavior, and skills development progress goals have been fulfilled.

The total cost for the Domestic Violence Accountability Program is \$1,805.00. \$350.00 down payment required at intake and monthly installments of \$145.00. All clients referred may be required to complete an evaluation of their alcohol and other drug use as well as to comply with any treatment recommendations that may result from it. Illegal drug consumption makes treatment ineffectual and may be monitored through Urinalysis. Fees must be paid in full before compliance papers are sent.

**Financial non-compliance and/or attendance non-compliance is cause for immediate discharge from the classes and advisement of this to the referring party.**

***Clients Doing An Evaluation Must Be Willing To Provide The Following If Requested Before The Evaluation Is Completed:***

Date received	Description
	1. Copy of incident report describing the event leading to this referral
	2. Copy of legal history, detailing dates of any citations/convictions involving: domestic violence, assault, battery, and/or substance-related activities.
	3. Copy of their driving record, detailing dates of any citations, convictions, suspensions, and/or revocations.
	4. Signed consent to release confidential information:
	a) To attorney
	b) To the court
	c) The compliance and/or probation officer
	d) Any/all providers of previous mental health or substance-related services.
	e) To the person named as the victim.

I, \_\_\_\_\_, have read and/or had explained to me the above description of services and Disclaimer. By my signature below, I acknowledge awareness of the requirements expected of me and the conditions of my on going involvement with Anger/Domestic Violence Accountability services, should I decline treatment or not be appropriate for treatment at this time, I understand that the fee paid for intake/evaluation is not refundable.

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FOLLMAN AGENCY STAFF SIGNATURE**

\_\_\_\_\_  
**DATE**



# Hostility Inventory

By Arnold H. Buss and Ann Durkee

Use the answer sheet for recording your answers to the sixty-six statements listed below and on the next page. Decide if each of the statements is true (T) or false (F) as it pertains to you and record your response on the appropriate line on the answer sheet.

1. Unless somebody asks me in a nice way, I won't do what they want.
2. I don't seem to get what I deserve.
3. I sometimes spread gossip about people I don't like.
4. Once in a while I cannot control my urge to harm others.
5. I know that people tend to talk about me behind my back.
6. I lose my temper easily but get over it quickly.
7. When I disapprove of my friends' behavior, I let them know it.
8. When someone makes a rule I don't like, I am tempted to break it.
9. Other people always seem to get what they want without even trying.
10. I never get mad enough to throw things.
11. I can think of no good reason for ever hitting anyone.
12. I tend to be on my guard with people who are somewhat friendlier than I expected.
13. I am always patient with others.
14. I often find myself disagreeing with people.
15. When someone is bossy, I do the opposite of what he asks.
16. When I look back on what's happened to me, I can't help feeling mildly resentful.
17. When I am mad, I sometimes slam doors.
18. If somebody hits me first, I hit them back.
19. There are a number of people who seem to dislike me very much.
20. I am irritated a great deal more than people are aware of.
21. I can't help getting into arguments with people when they disagree with me.
22. When people are bossy, I refuse to cooperate.
23. Almost every week I see someone I dislike.
24. I never play practical jokes.
25. Whoever insults me or my family is asking for a fight.
26. There are a number of people who seem to be jealous of me.
27. It makes my blood boil to have somebody make fun of me.
28. I demand that people respect my rights.
29. Occasionally when I am mad at someone I will give him the "silent treatment."
30. Although I don't show it, I am sometimes overcome with jealousy.
31. When I am angry, I sometimes sulk.
32. People who continually annoy me are asking for a punch.
33. I sometimes have the feeling that others are laughing at me.
34. If someone doesn't treat me right, I don't let it annoy me.
35. Even when I'm angry, I don't use obscenities.
36. I don't know any people that I downright hate.
37. I sometimes sulk when I don't get my own way.
38. I rarely strike back, even if someone hits me first.
39. My motto is "Never trust strangers."
40. Sometimes people bother me by just being around.

41. If somebody annoys me, I am likely to tell him what I think of him.
42. If I let people see the way I feel, I'd be considered a hard person to get along with.
43. Since the age of ten, I have never had a temper tantrum.
44. When I really lose my temper, I am capable of hitting someone.
45. I commonly wonder what hidden reason another person may have for doing something nice for me.
46. I often feel like a powder keg ready to explode.
47. When people yell at me, I yell back.
48. At times I feel like life has treated me unfairly.
49. I can remember being so angry that I picked up the nearest thing and broke it.
50. I get into fights about as often as the next person.
51. I used to think that most people told the truth but now I know otherwise.
52. I sometimes carry a chip on my shoulder (to carry a chip on one's shoulder is to feel so inferior or badly treated that one acts in an oversensitive and resentful manner).
53. When I get mad, I say nasty things.
54. I sometimes act out when I am angry.
55. If I have to resort to physical violence to defend my rights, I will.
56. I have no enemies who really wish to harm me.
57. I can't help being a little rude to people I don't like.
58. I could not tell someone off even if he deserved it.
59. I have known people who pushed me so far that we got into a physical fight.
60. I rarely feel that people are trying to anger or insult me.
61. I don't let a lot of unimportant things irritate me.
62. I often make threats I don't really mean to carry out.
63. Lately, I have been kind of grouchy.
64. When arguing, I tend to raise my voice.
65. I generally cover up my poor opinion of others.
66. I would rather give in than get into an argument about something.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

HOSTILITY INVENTORY

ANSWER SHEET

OVERALL  
TOTAL  
SCORE

NE	RE	IN	AS	SU	IR	VE
1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____
8. _____	9. _____	10. _____	11. _____	12. _____	13. _____	14. _____
15. _____	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____
22. _____	23. _____	24. _____	25. _____	26. _____	27. _____	28. _____
29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____
	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____
	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____
	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____
		54. _____	55. _____	56. _____	57. _____	58. _____
			59. _____	60. _____	61. _____	62. _____
					63. _____	64. _____
						65. _____
						66. _____

NOTICE OF PRIVACY PRACTICES

FOLLMAN AGENCY 910 S. ANACORTES STREET, BURLINGTON, WA, 98233

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of our professional practice, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. **Protected Health Information (PHI)** is information about you, including demographic information, that may identify you or be used to identify you. PHI relates to your past, present, and future physical, mental or health or conditions, the provision of health care, services, or the past, present and future payment for the provision of health care.

**Your Rights Regarding Your PHI**

The following are your rights regarding PHI we maintain about you:

- **Right to Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restricting or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

**Our Use and Disclosures of PHI for Treatment, Payment and Health Care Operations**

- **Treatment.** We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to other current providers, and to the extent you have not raised an objection in writing, to your prior providers or other persons, including family members, involved in your care.
- **Payment.** We may use your PHI in connection with billing statements we send you and our system for tracking charges and credits to your account. In addition, but with your authorization, we may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance review.
- **Health Care Operations.** We may use and disclose your PHI for the Health Care Operations of our professional practice in support of the functions of treatment and payments. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal or financial services to assist us in our delivery of your health care.

**Other Uses and Disclosures that Do Not Require Your Authorization or Opportunity to Object Required by Law**

We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and

limited to the relevant requirements of the law. Examples are: public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigations of death. We also make disclosures to the

Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

- **Health Oversight.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as our professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to us (such as third-party payers).
- **Threat to Health or Safety.** We may disclose your PHI when necessary to minimize an imminent danger to health or safety of you or any other individual.
- **Appointment Reminders.** We may disclose your PHI contact you to remind you of your appointment with us.
- **Business Associated.** We may disclose your PHI to Business Associates that are contracted by us to perform health care operations or payment activities on our behalf which may involve their collection, and use or disclosure of your PHI. Our contact with them must require them to safeguard the privacy of your PHI.

#### **Compulsory Process**

We will disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will also disclose your PHI if:

- We and you have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid our compliance.
- No qualified judicial or administrative proactive order has been obtained.
- We have received satisfactory assurances that your received notice of an opportunity to have limited or quashed the discovery demand, and such time has elapsed.

#### **Use and Disclosures of PHI with Your Written Authorization**

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

#### **This Notice**

This notice of Privacy Practices informs you how we may use and disclose your PHI and your rights regarding PHI. We are required by law to maintain the privacy of your PHI and to provide you with notice of your legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the Notice. We reserve the right to change the terms of our Notice at any time. Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice by providing a copy upon request, or at our next appointment. **If you have questions about this Notice of Privacy Practices, please contact our Privacy Officer. Kathy Follman, Follman Agency, 910 S. Anacortes Street, Burlington, WA 98233 (360) 755-1125.**

#### **Complaints**

If you believe we have violated your privacy rights, you may file a complaint in writing to us, as specified on the first page of this Notice. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

#### **Acknowledgment**

**I hereby acknowledge reviewing and receiving a copy of this notice.**

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

## DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

If this questionnaire is completed by an informant, what is your relationship with the individual? \_\_\_\_\_  
 In a typical week, approximately how much time do you spend with the individual? \_\_\_\_\_ hours/week

**Instructions:** The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

## Gambling Supplemental Questions Form

1. In the last twelve months:

Have there been periods when you needed to gamble with increasing amount of money or with larger bets than before to get the same feeling of excitement?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you continued to gamble despite adverse consequences that have affected your finances, family relationships, work, or other parts of your life?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you lied to family members, friends, or others about how much you gamble?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning future gambling ventures or bets?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you tried but not succeeded in stopping, cutting down, or controlling your gambling behavior?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. In the last twelve months:

Have you contemplated or attempted suicide?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you contemplated or attempted to do physical harm to another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. In the past 30 days, how many days have you played (enter quantity):

Bingo \_\_\_\_\_

Internet gambling \_\_\_\_\_

Card Games (non-Casino) \_\_\_\_\_

Casino table games \_\_\_\_\_

Dice games, dominoes \_\_\_\_\_

Horses, dogs \_\_\_\_\_

Sports \_\_\_\_\_

Gambling and substance use in the same day \_\_\_\_\_

Bowl, pool, golf, or other games of skill \_\_\_\_\_

Lottery, numbers, instant tickets (scratch-offs) \_\_\_\_\_

Other forms of gambling \_\_\_\_\_

Play slots, poker machines, video lottery terminals \_\_\_\_\_

Gambling more than you can afford \_\_\_\_\_

Stock options, commodities \_\_\_\_\_

4. In the past 30 days:

How much money would you say you spent per week on gambling? \$ \_\_\_\_\_

Number of gambling episodes per week \_\_\_\_\_

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

## Toronto Empathy Questionnaire

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

		Never	Rarely	Sometimes	Often	Always
1.	When someone else is feeling excited, I tend to get excited too	0	1	2	3	4
2.	Other people's misfortunes do not disturb me a great deal	0	1	2	3	4
3.	It upsets me to see someone being treated disrespectfully	0	1	2	3	4
4.	I remain unaffected when someone close to me is happy	0	1	2	3	4
5.	I enjoy making other people feel better	0	1	2	3	4
6.	I have tender, concerned feelings for people less fortunate than me	0	1	2	3	4
7.	When a friend starts to talk about his\her problems, I try to steer the conversation towards something else	0	1	2	3	4
8.	I can tell when others are sad even when they do not say anything	0	1	2	3	4
9.	I find that I am "in tune" with other people's moods	0	1	2	3	4
10.	I do not feel sympathy for people who cause their own serious illnesses	0	1	2	3	4
11.	I become irritated when someone cries	0	1	2	3	4
12.	I am not really interested in how other people feel	0	1	2	3	4
13.	I get a strong urge to help when I see someone who is upset	0	1	2	3	4
14.	When I see someone being treated unfairly, I do not feel very much pity for them	0	1	2	3	4
15.	I find it silly for people to cry out of happiness	0	1	2	3	4
16.	When I see someone being taken advantage of, I feel kind of protective towards him\her	0	1	2	3	4

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



## Anger Scale\*

**Instructions:** Put a check (✓) to indicate how much each statement describes how you been feeling in the past week, including today. **Please answer all the items.**

0--Not At All	1--Somewhat	2--Moderately	3--A Lot	4--Extremely
---------------	-------------	---------------	----------	--------------

Feelings of Anger and Resentment					
1. frustrated					
2. upset					
3. annoyed					
4. irritated					
5. ticked off					
6. resentful					
7. angry					
8. mad					
9. furious					
10. enraged					

**Total Items 1 to 10 Here →**

Violent Fantasies and Urges					
11. I've had fantasies of hurting people.					
12. I think about getting revenge.					
13. I've had the urge to do something harmful or violent.					
14. There's a chance I will do something to hurt others.					
15. I intend to do something harmful or violent to others.					

**Total Items 11 to 15 Here →**

Difficulty with the Test					
16. I had difficulty answering some of the questions honestly.					
17. Sometimes it's hard for me to know if I feel angry.					
18. It is hard for me to admit to others that I feel angry.					
19. It would be hard to admit having violent thoughts or urges.					
20. Having revengeful or violent fantasies seems shameful.					

**Total Items 16 to 20 Here →**

## PART 1

For each of the statements below, please circle the number to the right of the statement that most accurately describes how the it applies to you, from 1 (completely undescriptive of you) to 5 (completely descriptive of you).

1	2	3	4	5
completely undescriptive of you	mostly undescriptive of you	partly undescriptive & partly descriptive	mostly descriptive of you	completely descriptive of you

1. I can make myself angry about something in the past just by thinking about it. 1 2 3 4 5
2. I get so angry, I feel that I might lose control. 1 2 3 4 5
3. If I let people see the way I feel, I'd be considered a hard person to get along with. 1 2 3 4 5

## PART 2

For each of the statements below, please indicate how true it is about you by circling the appropriate number.

1	2	3	4	5
never true	seldom true	sometimes true	often true	always true

4. I see myself in totally different ways at different times. 1 2 3 4 5
5. I feel empty inside. 1 2 3 4 5
6. I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair. 1 2 3 4 5
7. It is hard for me to be sure about what others think of me, even people who have known me very well. 1 2 3 4 5
8. I feel people don't give me the respect I deserve unless I put pressure on them. 1 2 3 4 5
9. Somehow, I never know quite how to conduct myself with people. 1 2 3 4 5

### PART 3

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships by circling the appropriate number. Think about all of your romantic relationships, past and present, and respond in terms of how you generally feel in these relationships.

Not at all like me		Somewhat like me		Very much like me	
1	2	3	4	5	

10. I find it difficult to depend on other people. 1 2 3 4 5
11. I worry that I will be hurt if I allow myself to become too close to others. 1 2 3 4 5
12. I am somewhat uncomfortable being close to others. 1 2 3 4 5

### PART 4

How often have you experienced each of the following in the last two months? Please circle the appropriate number.

0	1	2	3
never	occasionally	fairly often	very often

13. Insomnia (trouble getting to sleep) 0 1 2 3
14. Restless sleep 0 1 2 3
15. Nightmares 0 1 2 3
16. Anxiety attacks 0 1 2 3
17. Fear of women 0 1 2 3
18. Feeling tense all the time 0 1 2 3
19. Having trouble breathing 0 1 2 3

## PART 5

Beside each statement, please circle the number of the response listed below that best describes how often the experience happened to you with your mother (or female guardian) and father (or male guardian) when you were growing up. If you had more than one mother/father figure, please answer for the persons who you feel played the most important role in your upbringing.

1	2	3	4
never occurred	occasionally occurred	often occurred	always occurred

	Father or Guardian	Mother or Guardian
20. My parent punished me even for small offenses.	1 2 3 4	1 2 3 4
21. As a child I was physically punished or scolded in the presence of others.	1 2 3 4	1 2 3 4
22. My parent gave me more corporal (physical) punishment than I deserved.	1 2 3 4	1 2 3 4
23. I felt my parent thought it was <i>my</i> fault when he/she was unhappy.	1 2 3 4	1 2 3 4
24. I think my parent was mean and grudging toward me.	1 2 3 4	1 2 3 4
25. I was punished by my parent without having done anything	1 2 3 4	1 2 3 4
26. My parent criticized me and told me how lazy and useless I was in front of others.	1 2 3 4	1 2 3 4
27. My parent would punish me hard, even for trifles.	1 2 3 4	1 2 3 4
28. My parent treated me in such a way that I felt ashamed.	1 2 3 4	1 2 3 4
29. I was beaten by my parent.	1 2 3 4	1 2 3 4

If additional information arises where this Evaluation changes to a Child Custody Evaluation, additional charges will apply. Follman Agency's private pay rate for a Child Custody Evaluation is \$750.00. Child Custody Evaluations are not billed to an Insurance Company. Payment is expected in full before the Evaluation is sent to the appropriate Courts/Attorney/Probation Officer/ Child Protection Services and/or Guardian Ad Litem. By signing below, I agree I have read this clause and understand payment will be due in full.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name

## AUTHORIZATION TO RELEASE COURT RECORDS

1. DEFENDANT'S NAME: (Please Print)

First Name

Middle Name

Last Name

authorizes

Follman Agency (Requestor) to obtain copies of defendant's court records and files in the state of Washington, whether in paper or electronic format, including any municipal court, district court, superior court and juvenile court records and files, and including a compilation of defendant's records and files, such as the defendant's criminal history record.

2. DEFENDANT'S DATE OF BIRTH: \_\_\_\_\_
3. DEFENDANT'S ADDRESS IS: \_\_\_\_\_
4. DEFENDANT'S DRIVER'S LICENSE # OR STATE ID#: \_\_\_\_\_
5. This authorization shall be valid for one (1) year from the date of the DEFENDANT'S signature herein. A photocopy of this authorization shall be as valid as the original.
6. REQUESTOR acknowledges that the court providing records pursuant to this authorization makes no representations as to the accuracy and completeness of the data except for court purposes.
7. REQUESTOR acknowledges that the court may request payment of costs prior to transmitting the requested records and files.

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_  
authorize the FOLLMAN AGENCY, 910 S. Anacortes Street, Burlington, WA 98233 to receive and/or  
disclose to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone/Fax)

For the purpose of : To Enable open communication and exchange of information

I understand that my records are protected under Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160& 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it (e.g. probation, parole, etc) and that in any event this consent expires automatically as described:

Authorization expires after the following action takes place: 90 Days Post Discharge  
(Specification of the date, event or condition upon which this expires)

I request the following information to be release: (Client's initials required next to check mark ☐ )

- ☐ \_\_\_\_\_ Knowledge that I am a client at this agency (friends, relatives)
- ☐ \_\_\_\_\_ Diagnostic impression, symptomology, evaluation results, and recommendations
- ☐ \_\_\_\_\_ Drinking/drug use history and intake information
- ☐ \_\_\_\_\_ Copies of Court Ordered Treatment Plan and/or Probation Records
- ☐ \_\_\_\_\_ Abstinence status, progress reports, attendance records
- ☐ \_\_\_\_\_ Results of Urinalysis or Breathalyzer test(s)
- ☐ \_\_\_\_\_ Discharge Summary and Aftercare plans
- ☐ \_\_\_\_\_ Compliance with A/DIS requirements
- ☐ \_\_\_\_\_ Other (specify) \_\_\_\_\_

The information will be released in the following form(s):

☐ Written ☐ Verbal ☐ Audio ☐ Video ☐ Electronic (including Fax) ☐ Other \_\_\_\_\_

**Notice: Prohibition or Re-Disclosure prohibits you from making further disclosure of information given above (42 CFR Part 2).**

I understand that generally this agency may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances, I may be denied treatment if I do not sign a consent form. I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Client Signature

CONSENT FOR RELEASE OF  
CONFIDENTIAL INFORMATION  
CRIMINAL JUSTICE SYSTEM  
REFERRAL

FOLLMAN AGENCY

910 South Anacortes Street

Burlington, WA 98233

(360) 755-1125 ♦ Fax (360) 757-1125

I, \_\_\_\_\_  
(Name of Defendant)

hereby consent to communication between FOLLMAN AGENCY and

\_\_\_\_\_  
Court, Prosecutor, Probation, Parole and/or Other Referring Agency

The purpose of, and need for, this disclosure is to:

**To enable the treatment provider to communicate to the criminal justice system agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, continuing care plan referrals, and prognosis.**

I understand that this consent will remain in effect and cannot be revoked by me until:

**There has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding under which I was mandated into treatment.**

The information will be released in the following form(s):

☒ Written ☒ Verbal ☒ Audio ☐ Video ☒ Electronic (including fax) ☐ Other \_\_\_\_\_

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Defendant/Client Signature

\_\_\_\_\_  
Signature of parent, guardian or  
Authorized representative if required

\_\_\_\_\_  
Date



# FOLLMAN AGENCY

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, of \_\_\_\_\_  
(Street address) (city)

authorize: **James H. Follman, Ph.D. of the FOLLMAN AGENCY, 910 South Anacortes Street, Burlington, WA 98233**

to receive from and/or disclose to: \_\_\_\_\_  
for:

- ☐ \_\_\_\_\_ to inform the victim and victim's community and legal advocates that the perpetrator is in treatment with the program, and to provide information, for safety purposes, to the victim and victim's community and legal advocates
- ☐ \_\_\_\_\_ prior and current treatment agencies to provide information on the perpetrator to the program; and to provide information on the perpetrator to relevant legal entities including: Lawyers, courts, parole, communicate with the victim during the assessment and treatment process.
- ☐ \_\_\_\_\_ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim that the participant has been accepted or rejected for treatment.
- ☐ \_\_\_\_\_ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim of any significant changes in the participant's treatment plan or noncompliance with treatment.
- ☐ \_\_\_\_\_ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim if their safety appears to be at risk due to the participant's potential for violence or lethality.

I understand that my records are protected under the Federal and State Confidentiality Regulations, and cannot be disclosed without my written consent unless otherwise provided for in 42 CFR Part 2. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event this consent expires automatically as described below:

**90 days from last contact with Follman Agency**

**NOTICE:** Prohibition on Re-disclosure prohibits you from making further disclosure of the information given above. (42 CFR Part 2)

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Staff Signature) X (Client Signature)