

CENTER FOR COURT INNOVATION
Veterans Treatment Court Questionnaire (VTC-Q)

Administrative Information

[Record the following information for the purpose of tracking individual defendants. This section is not a part of the formal risk and need screening tool.]

- A1. Interviewer Initials _____
- A2. Name of Client _____
- A3. Person-based Identifier (Name or System ID) _____
- A4. Date of Birth _____
- A5. Docket or case-based Identifier _____
- A6. Arrest date on current criminal case
_____ MO DAY YR
- A7. Top arrest charge (numeric penal code) _____
- A8. Charge Severity (Felony / Misdemeanor / Violation / Other) _____
- A9. Court or Program Name (optional) _____

Instructions:

The VTC-Q will be divided up into three main sections.

- Section I (Criminal Record Review) involves reporting the client’s criminal record information from the Short Screening Tool (VET-S) or a copy of the client’s criminal record. This section may be completed before or after the client interview.
- Section II (Risk Assessment) will be the start of the client interview in which you will gather information pertaining to several risk factors. The information from Section I, II, and III (Section D – Intimate Relationships and IPV – Batterer Subscale ONLY) will be combined in order to calculate an overall risk score for the client.
- Section III (Needs Assessment) WILL NOT contribute to the risk score (with the exception of the subscales in Section D described above). Rather, this section will build upon earlier interview items to help gather information related to the specific needs of the client. Need flags will be calculated for the client to help inform case planning.

Section I. Criminal Record Review

[Section I is where the scored risk assessment begins. Answers for Section I can be found in the client's Short Screener (VET-S) or criminal record. For each question, circle the appropriate answer. Note that the numbering of these questions is identical to the numbering in the VET-S in order to ensure the ease of locating the responses. This can be done before or after the defendant interview portion of the assessment.]

		Circle One
R1.	Top arrest charge (choose one).	Involves a property offense (e.g. petit larceny or theft, criminal possession of stolen property) Involves a drug offense that is NOT a marijuana offense Other Unavailable
R2.	Number of criminal convictions, <u>past three years.</u>	Zero One Two Three+ Unavailable
R3.	Total number of criminal convictions.	Zero One Two Three+ Unavailable
R3a.	Total number of convictions for DUI/DWI.	Zero One Two Three+ Unavailable
R4.	Number of warrants for failure to appear in court.	Zero One Two Three+ Unavailable
R5.	Number of currently open cases (excluding current case).	Zero One Two Three+ Unavailable
R6.	Any orders of protection present in the criminal record?	No Yes, current/open Yes, expired Unavailable

R7.	Any domestic violence charges (includes past convictions and present charges)?	No Yes Unavailable
R8.	Total number of prior convictions for violent offenses (as defined by your state's statutes).	Zero One Two Three+ Unavailable
Section I Subtotal		

Section II. Defendant Interview – Risk Assessment

This section contains several subsections (A – J) which will be combined with the information in Section I and III (Section D – Intimate Relationships and IPV Batterer Subscales ONLY) to calculate the risk score. For each question, circle the appropriate answer.

Introduction. Hi, thanks for taking part in the Veterans Treatment Court Questionnaire (VTC-Q). Some of the questions will be personal in nature. The first questions are about your demographics and military background.

Section A. Demographics & Military Background.

		Circle One
Q4	How old are you today?	AGE:
Q5	What is your gender? (Choose one)	a) Male b) Female c) Transgender woman d) Transgender male e) Refuse to answer
Q6	What race do you identify with?	a) Black/African American b) White/Caucasian c) Hispanic/Latino/Spanish d) Asian/Pacific Islander e) Native American f) Multiracial g) Other (specify): h) Refuse to answer
Q7	What is your marital status? (Choose one)	a) Single, never married b) Married or in a long-term relationship c) Divorced or separated d) Widowed e) Refuse to answer

Q8	Do you have any children under the age of 18?	<ul style="list-style-type: none"> a) Yes, children live w/client b) Yes, children DO NOT live w/client c) No children d) Refuse to answer
Q9	Which of the following best describes your citizenship status? (Choose one)	<ul style="list-style-type: none"> a) U.S. Citizen (born in the US or naturalized citizen) b) Permanent Resident (Green Card) c) Temporary Resident (visa) d) Other: e) Refuse to answer
Q10	What is your primary language?	<ul style="list-style-type: none"> a) English b) Spanish c) Other (specify): d) Don't know e) Refuse to answer
Q11	In what branch(es) of the Armed Forces did you serve? (Choose all that apply)	<ul style="list-style-type: none"> a) Army (including Army National Guard or Reserve) b) Navy (including Reserve) c) Marine Corps (including Reserve) d) Air Force (including Air National Guard or Reserve) e) Coast Guard (Including Reserve) f) PHS/NOAA g) Never in Armed Forces/National Guard/Reserves h) Refuse to answer
Q11a	Is/was your spouse/partner also a member of the Armed Forces/National Guard/Reserves?	<ul style="list-style-type: none"> a) No b) Yes c) N/A No Spouse/Partner d) Refuse to Answer
Q11b	What is your current military status? <i>Circle all that apply.</i>	<ul style="list-style-type: none"> a) Active duty/guard/reserve b) Retired c) Honorable discharge d) General discharge e) Bad conduct f) Dishonorable discharge g) Other than honorable discharge h) Refuse to answer
Q11c	Have you ever received services through the Veterans Health Administration?	<ul style="list-style-type: none"> No Yes Refusal
Q12	Altogether, how much time have you served on active, reserve, or National Guard duty?	YEARS:
		MONTHS:

Q13	Have you ever been deployed to a combat zone? (Choose all that apply)	a) No, never deployed to a combat zone b) Yes, Iraq (OIF/OND) c) Yes, Afghanistan (OEF/OFS) d) Yes, Persian Gulf (Operation Desert Shield/Desert Storm) e) Yes, Vietnam/Southeast Asia f) Yes, Other (specify): g) Refuse to Answer
Q14	When was your last deployment?	YEAR: MONTH: 97 Don't Know 98 Refuse to Answer 99 Never Deployed
Q14a	Have you ever gotten in trouble for breaking the rules while you were in the military? <i>If No, skip Q14b.</i>	No Yes Refusal
Q14b	If you answered 'Yes' to Q14a, please briefly describe why you were in trouble. <i>(Note to Interviewer: Probe for military disciplinary process (Article 15, Non Judicial punishment (NJP), Captain's or Admiral's mast, and/or court martial).</i>	

History of Head Trauma Subscale

Introduction: Many veterans have experienced head injuries in the past, either related to their service deployment or for other reasons. I'm now going to ask some questions about injuries you may have sustained during the course of your life. Ready?

	History of Head Trauma Subscale
Q15	<p>Have you ever experienced a head injury (e.g. hit your head) as a result of any of the following (check all that apply)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fragment <input type="checkbox"/> Bullet <input type="checkbox"/> Vehicular (accident/collision, any type of vehicle, including airplane) <input type="checkbox"/> A fall over 10 feet <input type="checkbox"/> A fall of 10 feet or less (tripped or slipped) <input type="checkbox"/> Blast (Improvised Explosive Device, RPG, Land mine, Grenade, etc.) <input type="checkbox"/> Hit very hard during a fight <input type="checkbox"/> Sports <input type="checkbox"/> Has anyone shaken you really hard (include airbag trauma if seriously shaken when inflated) <input type="checkbox"/> Regained consciousness after seizure or blackout w/evidence of head injury <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Never sustained a head injury <input type="checkbox"/> Refuse to answer

Q16	<p>Did any of the head injuries mentioned above result in any of the following (check all that apply)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Being dazed, confused or “seeing stars” <input type="checkbox"/> Not remembering the injury <input type="checkbox"/> Losing consciousness (knocked out) for less than a minute <input type="checkbox"/> Losing consciousness for 1-20 minutes <input type="checkbox"/> Losing consciousness for longer than 20 minutes <input type="checkbox"/> Don’t know <input type="checkbox"/> None of the above <input type="checkbox"/> Refuse to Answer
Q16a	<p>Interviewer Only</p> <p>Participant refused to answer History of Head Trauma Subscale</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. Criminal History

Introduction: I’m going to ask you some questions about your history with the police and the court system over the course of your life. This helps me understand how you ended up here and your views about being in the court. These questions are about times you may have called the police for help OR times you were stopped/arrested. They are not about police in a professional capacity (e.g. you were a Military Police Officer or work with a police department).

		Circle One
Q17	Thinking back, about how many times in your life have you had contact with the police?	Never 1-2 times 3-5 times 6-10 times More than 10 times Refuse to answer
Q17a	How would you characterize the majority of your interactions with the police?	Very negative Negative Neutral Positive Very positive Refuse to answer
Q17b	If this is not your first arrest, about how old were you the first time you were arrested?	Less than 10 years 10 to 14 years old 15 to 19 years old 20 to 24 years old 25 or older N/A first arrest Refuse to answer

Q18	If you were arrested before age 16, about how many times were you arrested before the age of 16?	N/A First Arrest One Two Three Four or more Refuse to answer
Q18a	Have you ever been locked up? (by this we mean been to jail, prison or a residential treatment facility as a result of a court case)	No Yes Refuse to answer N/A never been detained
Q19	Have you ever gotten in trouble for breaking the rules in jail, prison or in a residential detention program?	No Yes Refuse to answer N/A never been detained
Q19a	Thinking about your current case, did you feel the police treated you fairly?	Very fair Somewhat fair Not sure Somewhat unfair Very unfair N/A I did not encounter the police Refuse to answer
Q19b	OPEN ENDED: Is there anything else that you'd like to share with me about your previous experiences in the justice system?	

Section C. Employment

Introduction: Now I'm going to ask you some questions about **your employment and education history.**

		Circle One
Q20	Were you employed at the time of your arrest (including self-employment or vocational programs, but not including illegal activities)?	No Yes Refuse to answer
Q21	How many hours on average do you work each week?	Unemployed 1 to 10 hours 11 to 20 hours 21 to 30 hours 31 to 40 hours 41 or more hours Refuse to answer

Q22	If you are currently unemployed, when was the last time you had a job or were self-employed?	Currently employed Less than six months ago Between six months and one year ago More than one year ago Other than the Armed Forces, I have never had a job or been self-employed Don't know Refuse to answer
Q23	The last time you had a job, what was your weekly take-home pay? For example, 500 dollars per week.	Unemployed/never employed Less than \$100 per week \$101 to \$200 per week \$201 to \$300 per week \$301 to \$400 per week \$401 or more per week Refuse to answer
Q24	Have you ever been fired from a job?	No Yes Never employed Refuse to answer
Q25	Right now, do you feel you need job training?	No Yes Refuse to answer
Q26	Right now, are you looking for work?	No Yes Refuse to answer

Section D. Education

		Circle One
Q27	How many years of school have you attended? (For example, if you graduated from high school, you attended 12 years of school.)	1 to 4 years of school 5 to 8 years of school 9 to 12 years of school 13 to 16 years of school 17 or more years of school Don't know Refuse to answer
Q28	Did you complete high school?	Yes, I graduated from high school No, I did not graduate but I completed a GED No, I did not graduate or complete a GED Refuse to answer
Q29	In school were you ever suspended or expelled?	No Yes Refuse to answer
Q30	Do you currently have trouble reading? For example, you have trouble reading signs or understanding the newspaper. We are not asking about your vision.	No Yes Refuse to answer

Q31	Were you ever in special education classes or treatment for learning disabilities?	No Yes Refuse to answer
Q32	Have you ever been diagnosed with a learning disability?	No Yes Refuse to answer
Q33	Are you currently enrolled in any school or vocational training? By vocational training, we mean things like plumbing, construction, or medical billing programs.	No Yes Refuse to answer

Section E. Housing

Introduction. Now I have just a few questions about **your current housing situation.**

		Circle One
Q34	How would you describe your living situation at the time of your arrest? (Choose one) If Q34 = "a" or "g" proceed to Q35 If Q34 = "b," "c," "d," "e," or "f," skip to Q36	a) Living on the streets, in a car, in a drop-in shelter b) Living in a long-term shelter (such as transitional or supportive housing) c) Living with friends or family d) Living in a rented room, apartment, or house e) Living in an apartment or house that you own f) Other: g) Refuse to Answer
Q35	How long have you been living on the streets, in a car, in a drop-in shelter? (Choose one)	0 – 6 months 7 – 12 months 1 – 3 years 4 or more years Not applicable/not living on streets, car or drop-in shelter (<i>skip to Q36</i>) Refuse to answer
Q36	How long have you been at your current address? (Choose one)	0 – 6 months 7 – 12 months 1 – 3 years 4 or more years Not applicable/not living on streets, car or drop-in shelter (<i>skip to Q37</i>) Refuse to answer
Q37	How many times have you moved in the last year?	Zero One Two Three or more Not applicable/homeless Refuse to answer

Q37a	Where will you be living upon your release from custody? (Choose one)	Living on the streets, in a car, in a drop-in shelter) Living in a long-term shelter (such as transitional or supportive housing) Living with friends or family Living in a rented room, apartment, or house Living in an apartment or house that you own Other: Refuse to answer
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Section F. Social Environment

Introduction: How are you doing? I know this is taking a while and some of the questions are personal. Do you need to take a quick break?

Now I am going to ask you some questions about how you spent your free time and **the people you spent time with on a regular basis prior to your current arrest** (for instance friends, acquaintances or family that you choose to spend time with at least once per week). The answers to these questions will not affect your legal status with the court or the outcome of your case. They are to help us find the best programs for you.

		Circle One
Q38	About how much free time do you have each week? By free time we mean time when you are not obligated to work, do chores or attend appointments, or take care of others.	Frequently (most days and evenings) Weekends only Weekends and evenings Rarely Never Other _____ Refuse to answer
Q38a	OPEN ENDED: How do you like to spend your free time?	
Q38b	Approximately how many people do you spend time with on a regular basis?	0 people 1 to 3 people 4 to 6 people 7 to 8 people 9 or more people Refuse to answer
Q38c	Of these people, how many would you consider to be supportive toward you and your goals in life?	None Few Half Most or all Don't know Refuse to answer

Q39	About how many people that you spend time with on a regular basis have ever been arrested? (Choose one)	None Few Half Most or all Don't know Refuse to answer
Q40	About how many of the people that you spend time with on a regular basis have served time in jail or prison? (Choose one)	None Few Half Most or all Don't know Refuse to answer
Q41	About how many of the people that you spend time with on a regular basis are gang members? (Choose one)	None Few Half Most or all Don't know Refuse to answer
Q42	About how many of the people you spend time with on a regular basis use drugs (including marijuana) and alcohol regularly? By regularly, we mean more than a couple times a month. (Choose one)	None Few Half Most or all Don't know Refuse to answer
Q43	About how many of the people you spend time with on a regular basis engage in criminal activities, regardless of whether or not they have been caught? (Choose one)	None Few Half Most or all Don't know Refuse to answer
Q44	Have you ever been a gang member?	No Yes, I was previously in a gang Yes, I am currently in a gang Refuse to answer

Section G. Impulsivity

Introduction: Now I am going to ask you some questions about **the types of moods you experience in day-to-day life**. I am going to ask you how much you agree with some statements. You can report strongly agree thru strongly disagree. There is no right or wrong answer, just choose the best answer based on your experiences.

		Circle One
Q45	You tend to lose control when you are in a great mood. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer

Q46	When you are very happy, you tend to do things that cause problems in your life. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q47	When you are very sad, you tend to do things that cause problems in your life. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q48	When you are really excited, you tend to not think of the consequences of your actions. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q49	When you are very angry, you feel it is okay to give in to cravings or overindulge. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q50	You have trouble resisting cravings, such as for food, cigarettes, and other things. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q51	When you are upset you often act without thinking. (Choose one)	Strongly disagree Disagree Agree Strongly agree Refuse to answer
Q51a	Interviewer Only Participant refused to answer Impulsivity Subscale	Yes No

Section H. Anger

Introduction: Now I have some more questions about your mood, in particular times when you may have felt angry. Thinking over the past four weeks, tell me about how much of the time you remember having the following experiences....

OVER THE PAST FOUR WEEKS. . .		Circle One
Q52	Over the past four weeks, you found yourself getting angry at people or situations. (Choose one)	None or almost none of the time A little of the time Some of the time Most of the time All or almost all of the time Refuse to answer

Q53	Over the past four weeks, when you got angry, you got really mad. (Choose one)	None or almost none of the time A little of the time Some of the time Most of the time All or almost all of the time Refuse to answer
Q54	Over the past four weeks, when you got angry, you stayed angry. (Choose one)	None or almost none of the time A little of the time Some of the time Most of the time All or almost all of the time Refuse to answer
Q55	Over the past four weeks, when you got angry at someone you wanted to hit them. (Choose one)	None or almost none of the time A little of the time Some of the time Most of the time All or almost all of the time Refuse to answer
Q56	Over the past four weeks, your anger prevented you from getting along with people as well as you'd have liked to. (Choose one)	None or almost none of the time A little of the time Some of the time Most of the time All or almost all of the time Refuse to answer
Q56a	Interviewer Only Participant refused to answer Anger Subscale	Yes No

Section I. Attitudes

Introduction: I'm now going to ask you some questions about your perceptions of the world. I am going to ask you how much you agree with some statements. You can report strongly agree thru strongly disagree. There are no right or wrong answers, we are looking for your opinion.

Section I. Criminal Thinking – High Entitlement		Circle One
Q57	It's okay to break the law in order to pay for things that you need. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q58	Society owes you a better life. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer

Q59	To get ahead in life you must always put yourself first. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q59a	<u>Interviewer Only</u> Participant refused to answer High Entitlement Subscale	Yes No

Section I. Criminal Thinking – Low Empathy		Circle One
Q60	You get upset when you hear about someone who has lost everything in a natural disaster. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q61	Seeing someone in pain makes you feel concerned. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q62	You feel bad if you break a promise you have made to someone. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q63	It doesn't bother you to see someone get hurt. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q63a	<u>Interviewer Only</u> Participant refused to answer Low Empathy Subscale	Yes No

Section I. Criminal Thinking – High Violence & Manipulation		Circle One
Q64	You wouldn't hesitate to hit or threaten people if they have done something to hurt your friends or family. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer

Q65	Some people must be treated roughly or beaten up just to send them a clear message. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q66	The trouble with getting close to people is that they start making demands on you. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q67	You have the ability to "sweet talk" people to get what you want. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q68	You are really good at talking your way out of problems. (Choose one)	Strongly disagree Disagree Neutral Agree Strongly agree Refuse to answer
Q68a	Interviewer Only Participant refused to answer High Violence & Manipulation Subscale	Yes No

Section J. Substance Abuse

Now I am going to ask you some questions about **your drug and alcohol use**. As a reminder, answers will not affect your legal status or the outcome of your case. It's to help us select the best programming for you as a participant in the Veterans Treatment Court.

General Questions		Circle One
Q69	Have you ever drank alcohol?	No Yes Refuse to answer
Q70	How old were you when you first drank alcohol?	Less than 10 years 10 to 14 years old 15 to 19 years old 20 to 24 years old 25 or older I have never used alcohol Refuse to answer

Q77	How often do you use your primary drug of choice? (Choose one)	Only a few times over the year About once per month About once per week About every day (four or more times a week) Refuse to answer Does not use alcohol or drugs
Q78	Do you ever use other drugs? (Check all that apply)	Alcohol Marijuana Hallucinogens (LSD or mushrooms) Inhalants (glue, paint) Cocaine /crack /freebase Heroin and cocaine mixed together (speedball) Heroin Street methadone Prescription opiates (Oxycontin, Percocet, Demerol) Methamphetamines Prescription amphetamines (Adderall, Ritalin) Prescription Tranquilizers (Xanax, Klonopin, Valium) Other: Refuse to answer Does not use other drugs Does not use alcohol or drugs
Q78a	Are you presently or have you ever been an IV drug user?	No Yes, past IV drug user Yes, present IV drug user Refuse to answer
Q78b	Are you presently or have you ever been on Medication - Assisted Treatment (MAT) for opioid addiction? For example, methadone, Suboxone, Subutex	No Yes, past MAT Yes, present MAT Refuse to answer

DAST-10 Subscale

Note to Interviewer: if the individual does not use drugs, you can answer N/A for each item.

Instructions: Doing Okay? Now I have some more questions about your alcohol or drug use. The following questions concern information about your potential involvement with drugs **excluding alcohol and tobacco during the past 12 months**. Carefully listen to each statement and decide if your answer is “No” or “Yes”.

When the words “drug abuse” are used, they mean the use of prescribed or over-the-counter in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD), or narcotics (e.g., heroin).

Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. **These questions refer to the past 12 months.**

DAST-10 Subscale		Circle one
Q79	Have you used drugs other than those required for medical reasons?	No Yes Refuse to answer N/a
Q80	Do you abuse more than one drug at a time?	No Yes Refuse to answer N/a
Q81	Are you always able to stop using drugs when you want to?	No Yes Refuse to answer N/a
Q82	Have you had "blackouts" or "flashbacks" as a result of drug use?	No Yes Refuse to Answer N/A
Q83	Do you ever feel bad or guilty about your drug use?	No Yes Refuse to Answer N/A
Q84	Does your spouse (or parents) ever complain about your involvement with drugs?	No Yes Refuse to Answer N/A
Q85	Have you neglected your family because of your use of drugs?	No Yes Refuse to Answer N/A
Q86	Have you engaged in illegal activities in order to obtain drugs?	No Yes Refuse to Answer N/A
Q87	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No Yes Refuse to Answer N/A

Q88	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.?)	No Yes Refuse to Answer N/A
Q88a	Interviewer Only Participant refused to answer DAST-10 Subscale	Yes No Subscale was N/A

AUDIT Subscale

Note to Interviewer: if the individual does not drink alcohol, you can answer N/A for each item.

Instructions: Because alcohol can affect health and interfere with certain medications and treatments, it is important that we ask you some further questions about your use of alcohol. Please be as accurate as possible. Please ask for clarification if required.

AUDIT Subscale		Circle one
Q89	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 Refuse to answer N/A
Q90	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 3 or 4 5 or 6 7 to 9 10 or more Refuse to answer N/a
Q91	How often do you have 6 or more drinks on one occasion?	Never Less than monthly Monthly Weekly Daily or almost daily Refuse to answer N/A
Q92	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 Refuse to answer N/A

Q93	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 Refuse to answer N/A
Q94	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 Refuse to answer N/A
Q95	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 Refuse to answer N/A
Q96	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 Refuse to answer N/A
Q97	Have you or someone else been injured because of your drinking?	No Yes, but not in the last year Yes, during the last year Refuse to answer N/A
Q98	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, during the last year Refuse to answer N/A
Q98a	Interviewer Only Participant refused to answer AUDIT Subscale	Yes No Subscale was N/A

Section III. Defendant Interview – Needs Assessment

Instructions. Now that you have concluded the Risk Assessment portion of the interview, you will now begin the Needs Assessment. **With the exception of Section D Intimate Relationships and IPV – Batterer Subscales, these items will not contribute to the risk score.** This information will be used along with information located in the Criminal Record Review and Risk Assessment to create need flags to inform case planning.

Section A. Mental Health

Introduction: Now I am going to ask you some questions about **your mental and emotional health**. Some of these questions may be personal in nature or make you feel upset. Please share as much as you are able to comfortably and let me know if you need a break.

		Circle one
Q99	Are you currently in treatment for a mental health issue?	No Yes Refuse to answer
Q100	Are you currently on any medication for a mental health issue?	No Yes Refuse to answer
Q101	Have you ever been given a mental health or psychiatric diagnosis? By diagnosis we mean that you were told you have a mental illness such as depression or bipolar disorder.	No Yes Refuse to answer
Q102	Have you ever been in a hospital for emotional or mental health problems?	No Yes Refuse to answer
Q103	Do you have problems focusing your attention on tasks? For example, you are easily distracted while reading.	No Yes Refuse to answer

<u>Suggested Interviewer Script: We've been talking about some pretty heavy stuff. I'm wondering if you ever get to the point where you just feel like you want to give up?</u>		
Q104	Have you ever thought about attempting suicide?	No Yes Refuse to answer
Q105	Have you ever attempted suicide?	No Yes Refuse to answer
Q106	If you have attempted suicide, how long ago was it?	0 – 6 months 7 – 12 months 1 – 3 years 4 or more years Refuse to answer Never attempted suicide

Section A. Brief Mental Health Jail Screener - Psychosis		Circle one
Q107	Do you currently believe that someone can control your thoughts by putting thoughts into your head or taking thoughts out of your head?	No Yes Refuse to answer
Q108	Do you currently feel that other people know your thoughts and can read your mind?	No Yes Refuse to answer
Q108a	<u>Interviewer Only</u> Participant refused to answer BMHJS - Psychosis Subscale	Yes No

Section A. Brief Mental Health Jail Screener - Depression		Circle one
Q109	Have you recently lost or gained a large amount of weight for several weeks without even trying?	No Yes Refuse to answer
Q110	Do you currently feel like you have to talk or move more slowly than you usually do?	No Yes Refuse to answer
Q111	Recently, have you been sleeping more than you usually do for no apparent reason?	No Yes Refuse to answer
Q112	Have your friends or family noticed that you are currently more hyper than usual?	No Yes Refuse to answer
Q113	Have there recently been a few weeks where you have experienced a loss of pleasure in activities that you typically enjoy?	No Yes Refuse to answer
Q113a	<u>Interviewer Only</u> Participant refused to answer BMHJS - Depression Subscale	Yes No

Section B. Lifetime Trauma Experiences

Instructions: Now I am going to ask you some questions about **some difficult or painful experiences you may have had over your lifetime**. Again, if any of these questions upset you, feel free to let me know and we can take a break.

		Circle one
Q114	In the last year, regardless of whether the police were called, have you been the victim of a violent crime? By violent crime, we mean assault, robbery, witnessing a murder.	a) No b) Yes c) Refuse to answer

Q115	While you were in the military: (a) Did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?; (b) Did someone ever use force or threat of force to have sexual contact with you against your will? (Choose one)	a) No b) Yes c) Refuse to answer
Q116	Some people who come through the court system were abused as children, either physically, sexually, or emotionally. Have you ever experienced something like that? (Check all that apply)	a) Physical abuse b) Emotional abuse c) Sexual abuse d) Neglect e) Never experienced abuse or neglect f) Refuse to answer

Section C. Recent Trauma Symptoms

Note to Interviewer: if it has already been established that the individual has been diagnosed with PTSD by a treatment provider (e.g. VA), you can answer N/A for each item.

Instructions: Now I am going to ask you some questions about **emotional or mental health symptoms you may have experienced in the last month**. Again, if any of these questions upset you, feel free to let me know and we can take a break.

This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

If you have ever experienced an event similar to what I described above, please keep it in mind while I read the following list of problems that people sometimes have in response to a very stressful experience. Please listen to each of the problems and then indicate how much you have been bothered by that problem in the past month.

<i>In the past month, how much were you bothered by...</i>		Circle one
Q117	In the past month, how much were you bothered by repeated, disturbing, and unwanted memories of the stressful experience? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q118	In the past month, how much were you bothered by repeated, disturbing dreams of the stressful experience? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q119	In the past month, how much were you bothered by suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q120	In the past month, how much were you bothered by feeling very upset when something reminded you of the stressful experience? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q121	In the past month, how much were you bothered by having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q122	In the past month, how much were you bothered by avoiding memories, thoughts, or feelings related to the stressful experience? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a

Q123	In the past month, how much were you bothered by avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q124	In the past month, how much were you bothered by trouble remembering important parts of the stressful experience? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q125	In the past month, how much were you bothered by having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q126	In the past month, how much were you bothered by blaming yourself or someone else for the stressful experience or what happened after it? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q127	In the past month, how much were you bothered by having strong negative feelings such as fear, horror, anger, guilt, or shame? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q128	In the past month, how much were you bothered by loss of interest in activities that you used to enjoy? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a

Q129	In the past month, how much were you bothered by feeling distant or cut off from other people? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q130	In the past month, how much were you bothered by trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q131	In the past month, how much were you bothered by irritable behavior, angry outbursts, or acting aggressively? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q132	In the past month, how much were you bothered by taking too many risks or doing things that could cause you harm? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q133	In the past month, how much were you bothered by being “super alert” or watchful or on guard? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a
Q134	In the past month, how much were you bothered by feeling jumpy or easily startled? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/a

Q135	In the past month, how much were you bothered by having difficulty concentrating? (Choose one)	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/A
Q136	In the past month, how much were you bothered by trouble falling or staying asleep?	Not at all A little bit Moderately Quite a bit Extremely Refuse to answer N/A
Q136a	Interviewer Only Participant refused to answer Recent Trauma Symptoms Subscale	Yes No PTSD already established

Section D. Intimate Relationships

Introduction: Now I am going to ask you some questions about **your romantic relationship if you are in one right now**. Some questions will be personal in nature.

		Circle One	
Q137	Do you currently have a primary or "main" intimate partner? By intimate partner we mean a girlfriend, boyfriend, spouse, other.	No Yes Refuse to Answer NOTE: If Q137 is "no" skip to Q139	
Q138	If you currently have a primary intimate partner, how long have you been together?	MONTHS:	
		YEARS:	
Q139	Have you been through a separation or divorce in the past year? (Choose one)	No Yes Refuse to Answer	

NOTE: If Q137 indicates that they're currently single AND Q139 indicates that they have not been separated/divorced in the past year, you may skip the questions below. If they indicate that they are currently in a relationship or recently separated/divorced they must complete the remaining questions

Intimate Partner Violence – Victimization Subscale

Instructions: Relationships can be really stressful, and all couples have conflict. I’m now going to ask you about some events that may or may not have happened to you over the last 12 months of your relationship. Some of these questions are personal but whatever you feel comfortable sharing with me would really help.

OVER THE LAST 12 MONTHS. . .		Circle One
Q140	Has your partner insulted or talked down to you?	No (skip to Q141) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q140a	Over the last 12 months, how often did your partner insult or talk down to you? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q141	Has your partner screamed or cursed at you?	No (skip to Q142) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q141a	Over the last 12 months, how often did your partner scream or curse at you? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q142	Has your partner threatened you with harm?	No (0) (skip to Q143) Yes (0) Refuse to Answer (r) NA– Single/Not Recently Divorced
Q142a	Over the last 12 months, how often did your partner threaten you with harm? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q143	Has your partner ever physically hurt you?	No (skip to Q144) Yes Refuse to Answer NA– Single/Not Recently Divorced

Q143a	Over the last 12 months, how often did your partner physically hurt you? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q144	Interviewer Only Participant refused to answer Intimate Partner Violence – Victimization Subscale	Yes No NA– Single/Not Recently Divorced

Intimate Partner Violence – Batterer Subscale

Instructions: I’m now going to ask you about some behaviors that you may have had toward your partner in the last twelve months. Some of these questions are personal but whatever you feel comfortable sharing with me would really help. Again, these questions do not affect your legal status or your case outcome and are only to help us understand your needs better. Ready?

<i>OVER THE LAST 12 MONTHS. . .</i>		Circle One
Q145	Have you insulted or talked down to your partner?	No (skip to Q146) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q145a	Over the last 12 months, how often did you insult or talk down to your partner? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q146	Have you screamed or cursed at your partner?	No (skip to Q147) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q146a	Over the last 12 months, how often did you scream or curse at your partner? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced

Q147	Have you threatened your partner with harm?	No (skip to Q148) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q147a	Over the last 12 months, how often did you threaten your partner with harm? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q148	Have you ever physically hurt your partner?	No (skip to Q149) Yes Refuse to Answer NA– Single/Not Recently Divorced
Q148a	Over the last 12 months, how often did you physically hurt your partner? (Choose one)	Never Rarely Sometimes Fairly often Frequently Refuse to Answer NA– Single/Not Recently Divorced
Q149	Interviewer Only Participant refused to answer IPV Subscale	Yes No NA– Single/Not Recently Divorced

CONCLUSIONS

TO BE COMPLETED/UPDATED BY INTERVIEWER

What is your opinion on the quality of the individual’s responses?

- In my opinion, the respondent has been consistent/honest.
- In my opinion, the respondent has been inconsistent/dishonest.
- I do not wish to offer an opinion.

Is there anything else that you would like to note? (e.g. Client appeared to be experiencing withdrawal symptoms, Client appeared to be actively psychotic)

TO BE COMPLETED/UPDATED BY COURT ADMINISTRATOR

Case Processing

Will the defendant participate in the Veterans Treatment Court?

- Yes
- No, Client was eligible, but refused to participate
- No, Client was ineligible for participation in the VTC (please explain the reason below)

Reason for ineligibility: _____

Case Planning

Please describe the supervision plan for the participant. Please include updates. _____

Based upon the presence of any Need Flags, please indicate the treatment referral plan for the participant? (Check all the apply)

- | | |
|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Education |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Cognitive Behavioral Treatment for Criminal Thinking (e.g. MRT, T4C) |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Interpersonal Violence |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Not Applicable –Need Flags are absent |

If the participant's case plan deviated from the recommendations outlined in the Case Planning Protocol, please explain why _____
