



CLIENT INFORMATION

Name of Client (please print) _____

Address _____
City State Zip

D.O.B. _____ Birth Sex: M or F Marital Status _____
(circle one) (single, married, divorced, widowed)

Gender Identity: _____

Race: (circle most predominate) Hispanic or Latino, American Indian or Alaskan Native, Black or African American, Asian, Native Hawaiian or other Pacific Islander, White

Email Address: _____

Primary Language: _____

Employment: (where and what do you do) _____

Home Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No
(Cell number may be used for Telehealth/Zoom so please write legibly)

Work Phone: _____ May we leave a message? Yes No

What is your religious affiliation? _____

What is your highest level of schooling? _____

Are you currently on probation/parole? Y ___ N ___

CONVICTION(S)	DATE ARREST OCCURRED	WAS PROBATION/ PAROLE SUCCESSFULLY COMPLETED	DATES INCARCERATED (IF APPLICABLE)

Who is your parole/probation officer: _____

Please describe the most recent legal issues you have had (even if you are not on probation): _____

Why are you here today? (circle all that apply)

Counseling with Licensed Clinician (length to be determined)

Assessment (one appt. with counselor for recommendations)

Anger Management Class (8 weeks to complete)

Domestic Violence Offender Treatment Intervention Class (52 weeks to complete)

Parenting Class (9 weeks to complete)

EMERGENCY CONTACT INFORMATION

Name _____ Phone # _____

Relationship to you _____

Choose # 1 or # 2

1. I give consent for LSLC to contact this person only in case of a *medical emergency* _____ (initial)

OR

2. I give consent for LSLC to speak to this person about any information in regards to my care or services _____ (initial)

The consent to contact this person is valid for one year or until I notify LSLC to revoke it _____ (initial)

I acknowledge that the above information is correct and that my confidentiality is protected.

Client Signature

Date

Life Skills Staff

Date

Client revoked consent on: _____

LSLC Staff: _____

National Strategy for Suicide Prevention (NSSP)

"Embedding Suicide Screening in a Holistic, Recovery Oriented System of Care"

Suicidal? In Crisis? Need Help NOW?

- Call 9-1-1 or go to the local hospital Emergency Room
- National Lifeline: 1-800- SUICIDE (1-800-784-2433)
- The New Mexico Crisis and Access Line (NMCAL): 1-855-NMCRISIS (1-855-662-7474)
- Veteran's Crisis Line: 1-800-273-8255 (Press 1)
- LGBT Youth Suicide Hotline: 1-866-4-U-TREVOR
- Agora Crisis Center: 1-866-HELP-1-NM (505-277-3013)
- CrisisTEXT LINE: Text "GO" to 741-741

Other Important Numbers

- Statewide Child Abuse Hotline: 855-333-SAFE (7233) or #SAFE from a cell phone
- New Mexico Domestic Violence Hotline: 1-800-773-3645 (Statewide)
- New Mexico Poison Information Center: 1-800-432-6866
- Runaway/Suicide Adolescent Hotline (National Switchboard): 1-800-621-4000

"There are a thousand reasons to live this life, everyone of them sufficient"

- Marilynne Robinson

In collaboration with New Mexico Behavioral Health Services Division (NM BHSD) and funding by a grant from Substance Abuse and Mental Health Services Administration (SAMHSA)

CRISIS CARD

I (print name) _____, acknowledge I have received the **Crisis Card** with emergency numbers for after-hours care. If I require information about additional resources, they will be provided to me upon request.

Client Signature or Guardian

Date



DVOTI ASSESSMENT

Client Name (print): _____

You have been mandated to attend Domestic Violence Offender Treatment Intervention. The program is 52 weeks per New Mexico state statute and you are required to attend each week. All information in this intake is confidential with the exceptions of Duty to Warn and Reporting Child Abuse and Neglect. The intake staff will go through all the questions with you and you must answer honestly.

1. What aggressive act/event caused you to be here today? _____

2. What do you believe are the issues currently in dispute between you and your partner/family member? _____

3. What is your relationship with this person? _____
4. Do you still have a relationship with the person you got into an altercation with? _____
5. Are you currently on probation or parole? _____
Who with? _____
6. What is your highest level of education? _____
7. If you are currently employed, where and what do you do? _____

8. Have you ever lost a job, either by being laid off or by being fired? _____
If yes, explain what happened _____

9. Who decides how you spend your money and manage your financial affairs? _____

10. Do you have access to your own resources, like money, bank accounts, food, housing, transportation and healthcare? _____

11. Do you have a driver's license? _____ Access to a car? _____
12. What activities do you engage in outside the home or your job? _____

13. Did you experience any traumatic events in your upbringing (death of a loved one, abuse, removal from home, etc.) _____
If yes, explain what happened _____

14. Did you witness domestic violence in your home growing up? _____
15. Have you ever been incarcerated? _____ If so, how long? _____
16. Do you have children? _____ How many? _____
17. Is there a biological child from a previous partner in the home with you? _____
18. Who do the children live with? _____
19. Do you share custody? _____ Do you pay child support? _____
20. What is the address where the children live? _____
21. Do you or anyone else have concerns about your children or their safety? _____
22. Were your children present during the altercation? _____
23. Have you or your partner ever contacted Child Protective Services? _____
If yes, were the children removed from the home? _____
24. Is there a current CYFD case open now? _____
25. Have you had prior police contact for domestic violence? _____
If yes, were you previously enrolled in an offender intervention program? _____
Did you complete it? _____
26. Have you had prior police contact for assaulting, harassing or fighting someone *outside* your family? _____

27. Within the past few years, have you hit, slapped, kicked, pushed, shoved or otherwise physically hurt a family member, a person with whom you were in a relationship or a person to whom you were a

caregiver? _____

28. Within the past year, have you forced anyone in your family, or anyone with whom you have been in a relationship, to participate in sexual activities against their will? _____
29. Have you ever kept your partner/family member from leaving the home? _____
30. Do you have a court order such as an order for protection, harassment, restraining order against you? _____

31. What are the circumstances that led to order? _____

32. Is the family member that you had an altercation with scared of you? _____
33. Do you own or have access to any firearms or weapons? _____ If yes, what kinds of firearms or weapons and how many? _____
34. Have you ever threatened to use a gun, knife or other weapon against your partner/family member? _____

35. Have you threatened to kill or injure a partner/family member? _____
36. Have you ever used your children to get back at your partner? _____
37. Have you ever attempted to strangle or choke a partner/family member? _____
38. Did physical violence increase over time with you and your partner/family member? _____
39. Do you get jealous easily with your partner/family member? _____
40. Have you ever injured your partner/family member to the point that he/she needed to go to the hospital? _____

41. Have you ever hurt a pregnant woman? _____
42. Have you ever gotten angry and hurt an animal? _____
43. Do you drink alcohol? _____ How often? _____
44. Do you use drugs? _____ How often? _____
45. Were you drinking when the altercation between you and your partner/family member occurred? _____

46. Were you using drugs when the altercation between you and your partner/family member occurred? _____
_____ Which drug? _____
47. Have you ever been arrested for DUI/DWI? _____
48. Has your use of alcohol or drugs created problems for you or your children? _____
49. Have you ever been in treatment or had treatment ordered by a professional? _____
If yes, did you complete it? _____
50. Did you seek help on your own or were you ordered to receive treatment? _____
51. Do you currently take medications for a mental health diagnosis? _____
If yes, what are you taking? _____
52. Do you have any health problems? _____
53. Do you currently take medications for your health problems? _____
54. Have you ever had a serious head injury? _____ If yes, explain what happened _____

55. Is there a history of drug and alcohol abuse in your family? _____
56. Do ever feel depressed or hopeless? _____
57. Have you ever attempted suicide? _____ Date(s) of the most recent attempts? _____

58. Do you have support from your family? _____
59. Do you have any other supports? _____
60. What are your strengths? _____
61. Do you feel accountable for the altercation and want to make positive changes in your life? _____

62. Do you think you can benefit from the 52 week DV program? _____

Client Signature

Date

LSLC Staff Signature

Date

DVI Pre-Post

Instructions

The statements in this questionnaire are numbered. Read each statement carefully and choose the answer that is most accurate for you. Do not skip any answers.

A Truthfulness Scale is built-in to this test and your records may be checked to verify the information provided. This inventory measures how cooperative and truthful you are.

Mark all of your answers on your answer sheet. Fill in the information at the top of your answer sheet. Then, starting with statement one, answer every question.

Section 1

The following statements must be answered True or False. If a statement is **True**, put an **X** under **T** for **True** on your answer sheet. If a statement is **False**, put an **X** under **F** for **False**. All statements must be answered.

1. At times I get angry and upset at myself.
2. I have been drug free or clean for at least thirty days.
3. When upset or mad I often shout, swear or put other people down.
4. I am concerned about my drinking.
5. I get into a lot of arguments and fights.
6. I have been embarrassed at work or school about mistakes I have made.
7. I am concerned about my drug use.
8. There are times when I get real discouraged.
9. When I am really upset I get in the other person's face and say things to hurt them.
10. I know I shouldn't but I have been jealous of someone else's success.
11. In the last 30 days, after drinking, my personality changes and I seem like a different person.
12. Sometimes I daydream about being rich or famous.
13. Sometimes I get so angry I cannot control my temper.
14. There have been times when I have been very concerned about other's disapproval of me.
15. I attend Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings for my drug problem.
16. People close to me tell me I am arrogant, demanding and controlling.
17. In the last month drinking has been a problem for me.
18. I have an explosive or violent temper.
19. There have been times when someone in my family has frustrated or irritated me.
20. I have intense desires or cravings for drugs.
21. Members of my family resent it when I tell them whom they can see or be friends with.
22. It seems like when I start drinking I cannot stop.
23. I often think about revenge and how I can get even.
24. There have been times when I have had a job but did not want to go to work.
25. Within the last month I have used drugs to relax and feel good.
26. To get what I want I often shout, get angry or am demanding.
27. My drinking is more than just a little or minor problem.
28. I have a short temper and get angry quickly.

29. There are times when I really worry about myself and my happiness.
30. I lie to people about my use of drugs -- either minimizing how much I really use, or hiding the fact that I use drugs at all.
31. I have a forceful personality and usually dominate and control others.
32. Within the last month my family has shown concern about my drinking.
33. I often think about death, dying or suicide.
34. It bothers me when I am overlooked or ignored by people I know.
35. My use of drugs has threatened my happiness and success in life.
36. Two or more of the following apply to me (answer true or false on your answer sheet):
 - a. Insistent or demanding
 - b. Manipulative or controlling
 - c. Threatening or intimidating
 - d. Commanding or dominating
 - e. In charge or authoritative
37. I go to Alcoholics Anonymous (AA) meetings because of my drinking problem.
38. If someone insults or hurts me I usually try to get even.
39. There are times when I am really down, discouraged and depressed.
40. I have used drugs like marijuana, cocaine, crack or heroin within the last 3 months.
41. When angry I sometimes lose control and unintentionally hurt or abuse others.
42. Within the last month I drank alcohol to avoid or escape from worries or problems.
43. I have threatened and physically hurt a member of my family.
44. There have been times when I have strongly disliked someone.
45. When offered drugs, I may or may not use them. It depends on how I feel at the time.
46. My family complains that I am always telling them what they can or cannot do.
47. To be honest, within the last month (30 days) I drank too much.
48. Two or more of the following apply to me (answer true or false on your answer sheet):
 - a. Hostile
 - b. Violent
 - c. Explosive
 - d. Dangerous
 - e. Threatening
49. I have done things when angry that I later regretted.
50. I occasionally use drugs like marijuana or cocaine to relax and feel good.
51. There are times when I really worry about my responsibilities and future.
52. To be honest, I am a controlling person.
53. I need help to overcome my drinking problem.
54. I have been embarrassed or felt uneasy about some of the things I have done.
55. I have a lot of problems and conflict with other people.
56. There are times when I am unhappy and discouraged.
57. When I get angry I am dangerous.
58. I have done some things that were wrong and I was not caught.
59. I usually get what I want when I blow-up, yell, swear or demand.
60. I have the ability to influence or dominate and control others so that they usually do what I want.

61. To be honest, I am arrogant, demanding and manipulative.
62. Sometimes I worry about what others think or say about me.
63. In many relationships one person dominates and the other person submits to their control. I usually dominate and control.
64. I have not been able to stop using or abusing drugs.
65. In the last month (30 days) I have been very dominating, manipulative and controlling of others.
66. It is important for me to dominate at home and be in charge.
67. When I get angry or upset I often yell or break things.
68. I am worried about hurting members of my family.
69. Members of my family say I make their guests, friends or visitors feel unwelcome in our home.
70. There are times when I get really frustrated.
71. It is important for me to dominate at home and be in charge.
72. I have not been able to completely stop drinking or abusing alcohol.
73. I am often irritable, moody and demanding.
74. People that know me understand that when I am angry I push, shove and hit.
75. Within the last month drinking has interfered with my happiness and success in life.
76. When annoyed or frustrated I tend to "fly off the handle" and lash out at others.
77. I have serious marital, relationship and family problems.
78. I get upset when others criticize me.

79. I have a drug or drug-related problem.
80. I am good at controlling others without their realizing they are being manipulated or controlled.
81. I lie to people about my drinking -- either minimizing how much I drink, or hiding the fact that I drink at all.
82. To be honest, I am an unyielding and violent person.
83. I regret some of the things I have said and done.
84. I use and sometimes abuse drugs.
85. When I don't get my way I will often stubbornly complain, nag and argue until I do.
86. I have a drinking or alcohol-related problem.
87. After losing control, I say I will never do it again, but I always do.
88. Sometimes I just cannot control my temper.

Section 2

Rate yourself by selecting the number that describes you best. Use one of the following for your answer:

- | | |
|------------------|---------------|
| 1. Rare or Never | 3. Often |
| 2. Sometimes | 4. Very Often |

Put an X on your answer sheet under the number (1, 2, 3, or 4) that applies to you.

89. Exercise / Physical Activity
90. Positive Attitude / Outlook
91. Dissatisfied with Life
92. Good Sense of Humor / Laugh
93. Anxious / Worried / Fearful
94. Depressed / Discouraged
95. Insomnia / Trouble Sleeping
96. Satisfied with Self / Like Self

Section 2, continued

- | | |
|------------------|---------------|
| 1. Rare or Never | 3. Often |
| 2. Sometimes | 4. Very Often |

97. Financially Stable / Responsible
98. Enthusiastic / Involved with Life
99. Tension / Stress / Pressure

100. Fatigued / Tired / Sluggish
101. Directly Deal with Problems
102. Emotionally Upset / Crying
103. Lonely / Unhappy
104. Able to Handle Life's Problems

105. Nervous / Unable to Relax
106. Patient / Tolerant / Understanding
107. Can't Make Decisions / Indecisive
108. Work / Job Satisfaction
109. Admit My Errors / Mistakes
110. Bored / Restless / Uninterested

111. Job or Work Problems / Concerns
112. Trust My Own Judgment
113. Marital / Family Problems
114. Adaptable / Adjustable
115. Self Reliant / Independent

116. Difficulty with Others / Conflict
117. Share My Thoughts Comfortably
118. Angry / Hostile with Others
119. Dominate / Browbeat / Bully
120. Demanding / Authoritative
121. Rage / Blow Up / Explode

Section 3

Available community resources and programs are listed below. Put an **X** on your answer sheet under **Y** (for yes) if you want to participate, or continue to participate, in a program. Put an **X** under **N** (for no) if you do not want to participate. Each item must be answered Yes or No on your answer sheet.

122. Alcohol Treatment
123. Alcoholics Anonymous (AA)
124. Anger Management
125. Drug Treatment
126. Domestic Violence Counseling

127. Cocaine Anonymous (CA)
128. Narcotics Anonymous (NA)
129. Violence Counseling
130. Relaxation Training
131. Temper Control

Section 4

Answer the following statements to describe yourself. Put an **X** under the number (1, 2, 3 or 4) on your answer sheet that is accurate for you.

132. How would you describe your drinking?
 1. Serious problem
 2. Moderate problem
 3. Mild problem
 4. No problem

133. How would you describe your drug use?
 1. Serious problem
 2. Moderate problem
 3. Mild problem
 4. No problem

134. How would you describe your temper?
 1. Serious problem
 2. Moderate problem
 3. Mild problem
 4. No problem

135. How would you describe your domestic violence?
1. Serious problem
 2. Moderate problem
 3. Slight problem
 4. Not a problem
136. How would you describe your desire to get (or continue in) alcohol treatment?
1. I want help
 2. I may need help
 3. Maybe, I'm not sure
 4. No need
137. How would you describe your desire to get (or continue in) drug treatment?
1. I want help
 2. I may need help
 3. Maybe, I'm not sure
 4. No need
138. How would you describe your desire to get (or continue in) domestic violence counseling?
1. I want help
 2. I may need help
 3. Maybe, I'm not sure
 4. No need
139. On a scale of one to ten, one representing abstaining or not drinking and ten representing alcohol abuse or dependency -- I rate myself:
1. Don't drink (1 or 2)
 2. Social drinker (3, 4 or 5)
 3. Heavy or frequent drinker (6, 7 or 8)
 4. Abuse alcohol (9 or 10)
140. On a scale of one to ten, one representing abstaining or not using drugs and ten representing drug abuse or dependency -- I rate myself:
1. Don't or rarely use drugs (1 or 2)
 2. Occasional drug use (3, 4 or 5)
 3. Frequent or binge drug use (6, 7 or 8)
 4. Drug abuse (9 or 10)
141. On a scale of one to ten, how would you rate your level of violence? One represents nonviolent and ten represents extremely violent.
1. Nonviolent (1 or 2)
 2. Somewhat violent (3, 4 or 5)
 3. Violent (6, 7 or 8)
 4. Extremely violent (9 or 10)
142. On a scale of one to ten, one represents submissive or passive and ten represents controlling or dominating -- I rate myself:
1. Passive or non-controlling (1 or 2)
 2. Somewhat controlling (3, 4 or 5)
 3. Frequently dominating (6, 7 or 8)
 4. Domineering or very controlling (9 or 10)
143. I have repeatedly used alcohol and/or drugs in physically hazardous situations like:
1. Swimming, boating or skiing
 2. Before driving or operating machinery
 3. Both 1 and 2
 4. None of the above
144. My repeated alcohol and drugs use has resulted in:
1. Absences or poor performance at school or work
 2. Neglecting my children and/or household responsibilities
 3. Both 1 and 2
 4. None of the above
145. I have been arrested for :
1. A violent crime
 2. A crime involving force or the threat of force
 3. Both 1 and 2
 4. None of the above
146. Recovering means having a substance (alcohol and/or drugs) abuse problem, but not drinking or using drugs anymore. I am a recovering:
1. Alcoholic
 2. Drug abuser
 3. Both 1 and 2
 4. None of the above
147. In the last month (30 days) I have been:
1. Dangerous to myself (suicidal)
 2. Dangerous to others (homicidal)
 3. Both 1 and 2 (suicidal and homicidal)
 4. None of the above

DVI PRE-POST

ANSWER SHEET

COMPLETE THE FOLLOWING INFORMATION

First Name: _____

Middle Initial or Last Name: _____

Last Name: _____

Last Four Digits of Your SSN: _____

Date of Birth: _____

Age: _____

Sex: _____

Ethnicity (Race): _____

Education (highest grade completed): _____

Marital Status: _____

Today's Date: _____

In the following, number means the total number in your lifetime.

1. Your age at your **first** conviction: _____
2. Total number of times **arrested**: _____
3. Number of **domestic violence** arrests: _____
4. Number of **alcohol**-related arrests: _____
5. Number of **drug**-related arrests: _____
6. Number of **assault** (not domestic violence) arrests: _____

Section 1

If a statement is **True** put an **X** under **T** for **True**. If a statement is **False** put an **X** under **F** for **False**.

- | | T F | | T F | | T F | | | |
|-----|--------|-------|--------|-------|--------|-----|-------|-------|
| 1. | _____ | _____ | 30. | _____ | _____ | 59. | _____ | _____ |
| 2. | _____ | _____ | 31. | _____ | _____ | 60. | _____ | _____ |
| 3. | _____ | _____ | 32. | _____ | _____ | 61. | _____ | _____ |
| 4. | _____ | _____ | 33. | _____ | _____ | 62. | _____ | _____ |
| 5. | _____ | _____ | 34. | _____ | _____ | 63. | _____ | _____ |
| 6. | _____ | _____ | 35. | _____ | _____ | 64. | _____ | _____ |
| 7. | _____ | _____ | 36. | _____ | _____ | 65. | _____ | _____ |
| 8. | _____ | _____ | 37. | _____ | _____ | 66. | _____ | _____ |
| 9. | _____ | _____ | 38. | _____ | _____ | 67. | _____ | _____ |
| 10. | _____ | _____ | 39. | _____ | _____ | 68. | _____ | _____ |
| 11. | _____ | _____ | 40. | _____ | _____ | 69. | _____ | _____ |
| 12. | _____ | _____ | 41. | _____ | _____ | 70. | _____ | _____ |
| 13. | _____ | _____ | 42. | _____ | _____ | 71. | _____ | _____ |
| 14. | _____ | _____ | 43. | _____ | _____ | 72. | _____ | _____ |
| 15. | _____ | _____ | 44. | _____ | _____ | 73. | _____ | _____ |
| 16. | _____ | _____ | 45. | _____ | _____ | 74. | _____ | _____ |
| 17. | _____ | _____ | 46. | _____ | _____ | 75. | _____ | _____ |
| 18. | _____ | _____ | 47. | _____ | _____ | 76. | _____ | _____ |
| 19. | _____ | _____ | 48. | _____ | _____ | 77. | _____ | _____ |
| 20. | _____ | _____ | 49. | _____ | _____ | 78. | _____ | _____ |
| 21. | _____ | _____ | 50. | _____ | _____ | 79. | _____ | _____ |
| 22. | _____ | _____ | 51. | _____ | _____ | 80. | _____ | _____ |
| 23. | _____ | _____ | 52. | _____ | _____ | 81. | _____ | _____ |
| 24. | _____ | _____ | 53. | _____ | _____ | 82. | _____ | _____ |
| 25. | _____ | _____ | 54. | _____ | _____ | 83. | _____ | _____ |
| 26. | _____ | _____ | 55. | _____ | _____ | 84. | _____ | _____ |
| 27. | _____ | _____ | 56. | _____ | _____ | 85. | _____ | _____ |
| 28. | _____ | _____ | 57. | _____ | _____ | 86. | _____ | _____ |
| 29. | _____ | _____ | 58. | _____ | _____ | 87. | _____ | _____ |
| | | | | | | 88. | _____ | _____ |

Section 2

Put an X under the number (1, 2, 3, or 4) that describes you best. Use the following scale to select your answers.

1. Rare or Never	3. Often
2. Sometimes	4. Very Often

- | | |
|------------------|------------------|
| 1 2 3 4 | 1 2 3 4 |
| 89. _____ | 105. _____ |
| 90. _____ | 106. _____ |
| 91. _____ | 107. _____ |
| 92. _____ | 108. _____ |
| 93. _____ | 109. _____ |
| 94. _____ | 110. _____ |
| 95. _____ | 111. _____ |
| 96. _____ | 112. _____ |
| 97. _____ | 113. _____ |
| 98. _____ | 114. _____ |
| 99. _____ | 115. _____ |
| 100. _____ | 116. _____ |
| 101. _____ | 117. _____ |
| 102. _____ | 118. _____ |
| 103. _____ | 119. _____ |
| 104. _____ | 120. _____ |
| | 121. _____ |

Section 3

Put an X under Y for Yes if you are interested in participating in the listed program. Put an X under N for No if you are not interested in participating.

- | | |
|------------|------------|
| Y N | Y N |
| 122. _____ | 127. _____ |
| 123. _____ | 128. _____ |
| 124. _____ | 129. _____ |
| 125. _____ | 130. _____ |
| 126. _____ | 131. _____ |

Section 4

Put an X under the number (1, 2, 3, or 4) that is most accurate for you.

- | | |
|------------------|------------------|
| 1 2 3 4 | 1 2 3 4 |
| 132. _____ | 140. _____ |
| 133. _____ | 141. _____ |
| 134. _____ | 142. _____ |
| 135. _____ | 143. _____ |
| 136. _____ | 144. _____ |
| 137. _____ | 145. _____ |
| 138. _____ | 146. _____ |
| 139. _____ | 147. _____ |

Please turn your inventory booklet and answer sheet in to the testing supervisor.

Thank you for your cooperation!