VTC INTAKE QUESTIONNAIRE

The following information is requested to make a more complete evaluation so that the Court Case Manager/Coordinator can determine your needs and how to best help address them. Please answer all questions even if some may not seem relevant to your current situation.

Date: _____

Name (Last, First): _____ DOB: _____

1. Why did you apply to the Veterans Court? What do you want? _____

2. Please check those areas which are current sources of increased stress for you:

☐ *marital*	☐ *social*	☐ *job*	☐ *legal*
☐ *family*	☐ *death/loss*	☐ *military*	☐ *finance*
☐ *divorce*	☐ *med/physical condition*	☐ *peers*	☐ *alcohol/drug*
☐ *MST*	☐ *transportation*	☐ *violence*	☐ *housing*

3. Check all items that you have recently experienced or had feelings of:

☐ anxiety	☐ fatigue	☐ headaches	☐ flashbacks
☐ depression	☐ high energy	☐ dizziness	☐ seeing visions
☐ guilt	☐ rapid pulse/breathing	☐ slurred speech	☐ hearing voices
☐ rage	☐ mood swings	☐ loss of balance	☐ paranoia
☐ weight gain	☐ chronic pain	☐ loss of memory	☐ hurting self
☐ weight loss	☐ numbness	☐ racing thoughts	☐ hurting others
☐ increased sleep	☐ hand tremors	☐ back pain	☐ suicide/homicide
☐ decreased sleep	☐ seizures	☐ loss of control	☐ nightmares

4 List the medications you are currently taking *(Use back of page if needed)*:

Medication	Dose	Reason

5. Ever had a Traumatic Brain Injury, head injury with loss of consciousness, or incident where the body or head was severely shaken *(such as an auto accident)*? ☐ Yes ☐ No No. of TBI's: _____

Most recent Incidents	Year/Date

6. Previous psychiatry/psychology evaluation and or hospitalization? ☐ Yes ☐ No

Most recent Reason	Location	Diagnosis	Date

Explain:

7. Criminal History

Charge/Date	Disposition

8. Substance Use History:
   a. Describe your **current** drinking habits (How much - # of drinks, how often, type of drink, maximum amounts, in what situations, etc):

   b. Have you **ever** experienced loss of memory after drinking? ☐ Yes ☐ No

   c. Have you had **any** problems with alcohol in the past? Explain.

   d. Have you had **any** physical problems related to alcohol/drug use? Explain.

   e. Have you **ever** had any legal or financial problems related to alcohol/drug use? Explain.

   f. Describe **any past/current** alcohol/drug problems of family and how it affected you and your family?

9. Family/Support System: Do you live alone: ☐ Yes ☐ No

a. Married: ☐ Yes ☐ No How long: ____ Spouse's name and age: _____ / ____

Rate your marriage (1=poor/10=good): ____ Currently together: ☐ Yes ☐ No

times married: ____ Is spouse willing to participate in treatment? ☐ Yes ☐ No

Do your children live Apart from you: ☐ Yes ☐ No Where: _____

b. Children's names, ages, and sex:

Name	Age	Sex	Name	Age	Sex

c. How many brothers and sisters do you have: _____

d. Was your family considered: ☐ *poor* ☐ *middle class* ☐ *wealthy*

e. Indicate those conditions which seem to "run in the family" or have occurred in your family's past:

☐ *depression*	☐ *paranoia*	☐ *hyper-activity*	☐ *alcohol abuse*
☐ *anxiety*	☐ *suicide*	☐ *epilepsy*	☐ *drug abuse*
☐ *schizophrenia*	☐ *sexual abuse*	☐ *family violence*	☐ *Bi-Polar*

f. Who are the people you can count on in life: _____

g. Are you satisfied with your current circle of friends, explain if answer is No: ☐ Yes ☐ No

h. Identify how you spend your free time:

☐ *socializing with friends*	☐ *family activities*	☐ *movies/TV*	☐ *music listening/playing*
☐ *sports/exercise/games*	☐ *hobbies*	☐ *travel*	☐ *clubs/bars/dancing*
☐ *classes/study/reading*	☐ *work*	☐ *staying home*	☐ *shooting/Hunting*

What limits your activities: _____

i. What special groups do you belong to because of your ethnic background, nationality, or political

j. What is your religious/spiritual inclination:

k. Check those characteristics pertaining to faith and religion that apply to you currently:

☐ *losing my earlier faith/religion* ☐ *need to talk with chaplain or spiritual advisor*

☐ *not going to church/worship enough* ☐ *not getting satisfactory answers from my faith*

☐ *Other, explain:* _____

_____

10. Personal Evaluation:

a. Which of the following areas do you feel like you can improve in:

☐ *resisting others' influence* ☐ *controlling anger* ☐ *getting along with other people*

☐ *controlling impulses* ☐ *expressing thoughts and feelings* ☐ *identifying needs and wants*

b. What do you like and respect most about yourself: _____

c. What are some of your special skills, talents, and abilities:

☐ *musical/artistic* ☐ *computing/gaming* ☐ *problem solving* ☐ *marketing/sales* ☐ *nurturing others*

☐ *mathematical* ☐ *writing or speaking* ☐ *organizing/* ☐ *listening* ☐ *teaching*

☐ *crafts* ☐ *working with hands* ☐ *reading people* ☐ *gardening* ☐ *work with hands*

d. Please identify what you consider to be your personal strengths:

☐ *creativity* ☐ *love of learning* ☐ *open-mindedness* ☐ *persistence* ☐ *integrity*

☐ *curiosity* ☐ *seeing big picture* ☐ *bravery* ☐ *patience* ☐ *capacity to love*

☐ *social intelligence* ☐ *fairness* ☐ *leadership* ☐ *forgiveness* ☐ *kindness*

☐ *humility* ☐ *self-discipline* ☐ *hope* ☐ *humor* ☐ *spirituality*

11. Other comments:

(Please state any other information that you think would be helpful in better understanding you and/or your current situation)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

University of Rhode Island
Change Assessment Scale (URICA):
Psychotherapy Version

Client ID#_____
Date: _____/_____/_____
Assessment Point: _____

EACH STATEMENT BELOW DESCRIBES HOW A PERSON MIGHT FEEL WHEN STARTING THERAPY OR APPROACHING PROBLEMS IN THEIR LIVES. PLEASE INDICATE THE EXTENT TO WHICH YOU TEND TO AGREE OR DISAGREE WITH EACH STATEMENT. IN EACH CASE, MAKE YOUR CHOICE IN TERMS OF HOW YOU FEEL RIGHT NOW, NOT WHAT YOU HAVE FELT IN THE PAST OR WOULD LIKE TO FEEL. FOR ALL STATEMENTS THAT REFER TO YOUR "PROBLEM", ANSWER IN TERMS OF PROBLEMS RELATED TO WHY YOU ARE IN THERAPY. THE WORDS "HERE" AND "THIS PLACE" REFER TO YOUR TREATMENT CENTER.

THERE ARE FIVE POSSIBLE RESPONSES TO EACH OF THE ITEMS IN THE QUESTIONNAIRE:

1=Strongly Disagree
2=Disagree
3=Undecided
4=Agree
5=Strongly Agree

CIRCLE THE NUMBER THAT BEST DESCRIBES HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2. I think I might be ready for some self-improvement.	1	2	3	4	5
3. I am doing something about the problems that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem.	1	2	3	4	5
5. I'm not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	1	2	3	4	5
7. I am finally doing some work on my problems.	1	2	3	4	5
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem and I really think I should work on it.	1	2	3	4	5
16. I'm not following though with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve my problem.	1	2	3	4	5
20. I have started working on my problems but I would like help.	1	2	3	4	5
21. Maybe this place will be able to help me.	1	2	3	4	5

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problem, but I don't really think I am.	1	2	3	4	5
24. I hope that someone here will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm here to prevent myself from having a relapse of my problem.	1	2	3	4	5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries but so does the next person. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults than try to change them.	1	2	3	4	5
32. After all I had done to try and change my problem, every now and then it comes back to haunt me.	1	2	3	4	5

Client ID#	Today's Date	Facility ID#	Zip Code	Administration

TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

		Yes	No
1.	Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	O	O
2.	Did you try to control or cut down on your drug use but were unable to do it?	O	O
3.	Did you spend a lot of time getting drugs, using them, or recovering from their use?	O	O
4.	Did you have a strong desire or urge to use drugs?	O	O
5.	Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	O	O
6.	Did you continue using drugs even when it led to social or interpersonal problems?	O	O
7.	Did you spend less time at work, school, or with friends because of your drug use?	O	O
8.	Did you use drugs that put you or others in physical danger?	O	O
9.	Did you continue using drugs even when it was causing you physical or psychological problems?	O	O
10a.	Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	O	O
10b.	Did using the same amount of a drug lead to it having less of an effect as it did before?	O	O
11a.	Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	O	O
11b.	Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	O	O

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

O None
O Alcohol
O Cannaboids – Marijuana *(weed)*
O Cannaboids – Hashish *(hash)*
O Synthetic Marijuana *(K2/Spice)*
O Opioids – Heroin *(smack)*
O Opioids – Opium *(tar)*
O Stimulants – Powder Cocaine *(coke)*
O Stimulants – Crack Cocaine *(rock)*
O Stimulants – Amphetamines *(speed)*
O Stimulants – Methamphetamine *(meth)*
O Synthetic Cathinones *(Bath Salts)*
O Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*
O Dissociative Drugs – Ketamine/PCP *(Special K)*
O Hallucinogens – LSD/Mushrooms *(acid)*
O Inhalants – Solvents *(paint thinner)*
O Prescription Medications – Depressants
O Prescription Medications – Stimulants
O Prescription Medications – Opioid Pain Relievers
O Other (specify) _____

Client ID#	Today's Date	Facility ID#	Zip Code	Administration

13. How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol	O	O	O	O	O
b. Cannaboids – Marijuana *(weed)*	O	O	O	O	O
c. Cannaboids – Hashish *(hash)*	O	O	O	O	O
d. Synthetic Marijuana *(K2/Spice)*	O	O	O	O	O
e. Opioids – Heroin *(smack)*	O	O	O	O	O
f. Opioids – Opium *(tar)*	O	O	O	O	O
g. Stimulants – Powder cocaine *(coke)*	O	O	O	O	O
h. Stimulants – Crack Cocaine *(rock)*	O	O	O	O	O
i. Stimulants – Amphetamines *(speed)*	O	O	O	O	O
j. Stimulants – Methamphetamine *(meth)*	O	O	O	O	O
k. Synthetic Cathinones *(Bath Salts)*	O	O	O	O	O
l. Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*	O	O	O	O	O
m. Dissociative Drugs – Ketamine/PCP *(Special K)*	O	O	O	O	O
n. Hallucinogens – LSD/Mushrooms *(acid)*	O	O	O	O	O
o. Inhalants – Solvents *(paint thinner)*	O	O	O	O	O
p. Prescription Medications – Depressants	O	O	O	O	O
q. Prescription Medications – Stimulants	O	O	O	O	O
r. Prescription Medications – Opioid Pain Relievers	O	O	O	O	O
s. Other (specify) _____	O	O	O	O	O

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

O *Never* O *1 time* O *2 times* O *3 times* O *4 or more times*

15. How serious do you think your drug problems are?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

O *Never* O *Only a few times* O *1-3 times/month* O *1-5 times per week* O *Daily*

17. How important is it for you to get drug treatment now?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

RISK ASSESSMENT

CJAD CASE CLASSIFICATION: RISK / NEEDS / PLAN

Defendant:_____ Date:_____

		Risk Score
1. Number of address changes in the last 12 months.....	0 None 2 One 3 Two or More	_____(1
2. Percentage of Time Employed in the last 12 months..... (Adult or Juvenile – include deferred)	0 60% 1 40% - 59% 2 Under 40% 0 Not Applicable	_____(2
3. Alcohol Usage.....	0 Alcohol use unrelated to criminal activity ex., no alcohol-related arrest, no evidence of use during offense. 1 Probable relationship between drug involvement and criminal activity. 2 Definite relationship between alcohol use and criminal activity: ex., pattern of committing offenses while using alcohol	_____(3
4. Other drug usage.....	0 No abuse of legal drugs; no indicators of illegal drug involvement, ie., use, possession or abuse. 1 Probable relationship between drug involvement and criminal activity. 2 Definite relationship between drug involvement and criminal activity: ex., pattern of committing offenses while using drugs, sale or manufacture of illegal drugs.	_____(4
5. Attitude.....	0 Motivated to change; receptive to assistance 3 Somewhat motivated but dependent or unwilling to accept responsibility 5 Rationalizes behavior; negative; not motivated to change.	_____(5
6. Age at first adjudication of guilt.....	0 24 or older 2 20 – 23 4 19 or younger	_____(6
7. Number of prior periods of Probation / Parole Supervision..... (Adult or Juvenile)	0 None 4 One or more	_____(7
8. Number of Prior Probation / Parole Revocations..... (Adult or Juvenile)	0 None 4 One or more	_____(8
9. Number of Prior Felony Adjudications of Guilt..... (or Juvenile commitments – include deferred)	0 None 2 One 4 Two or more	_____(9
10. Adult or Juvenile adjudications for..... (Select applicable and add for score include current offense, Maximum score: 5)	0 None 2 Burglary, Theft, Auto Theft or Robbery 3 Worthless Checks or Forgery	_____(10
11. Adult or Juvenile Adjudications for..... Assaultive Offense within the last FIVE years (An offense, which is defined as Assaultive or one in which involves a use of a weapon, physical force or the threat of force)	0 No 8 Yes	_____(11

NEEDS ASSESSMENT

1. ACADEMIC / VOCATIONAL SKILLS				
-1 High school or above skill level	0 Adequate skills; able to handle everyday requirements	+2 Low level causing minor adjustment problems	+4 Minimal skill level causing serious adjustment problems	_____(1
2. EMPLOYMENT				
-1 Satisfactory employment for one year or longer	0 Secure employment, no difficulties reported; or homemaker, student or retired	+3 Unsatisfactory employment or unemployed but has adequate job skills	+6 Unemployed and virtually unemployable; needs training	_____(2
3. FINANCIAL MANAGEMENT				
-1 Long-standing pattern of self-sufficiency e.g., good credit	0 No current difficulties	+3 Situational or difficulties	+5 Severe difficulties; may include overdrafts, bad checks or bankruptcy	_____(3
4. MARITAL / FAMILY RELATIONSHIPS				
-1 Relationships and support exceptionally strong	0 Relatively stable relationship	+3 Some disorganization or stress but potential for improvement	+5 Major disorganization or stress	_____(4
5. COMPANIONS				
-1 Good support and influence	0 No adverse relationships	+2 Associations with occasional negative results	+4 Associations almost completely negative	_____(5
6. EMOTIONAL STABILITY				
-2 Exceptionally well adjusted; accepts responsibility for actions	0 No symptoms of emotional instability; appropriate emotional responses	+4 Symptoms limit but do not prohibit adequate functioning; e.g. anxiety	+7 Symptoms prohibit adequate functioning; e.g. lashes out or retreats into self	_____(6
7. ALCOHOL USAGE PROBLEM				
	0 No use; use with no abuse no disruption of functioning	+3 Occasional abuse; some disruption of functioning	+6 Frequent abuse; serious disruption of functioning	_____(7
8. OTHER DRUG USAGE PROBLEM				
	0 No disruption of functioning	+3 Occasional abuse; some disruption of functioning	+5 Frequent abuse; serious disruption of functioning	_____(8
9. MENTAL ABILITY				
	0 Able to function independently	+3 Some need for assistance; potential for adequate adjustment; possible retardation	+6 Deficiencies severely limit independent functioning; possible retardation	_____(9
10. HEALTH				
	0 Sound physical health; seldom ill	+1 Handicap or illness interferes with functioning on a recurring basis	+2 Serious handicap or chronic illness; needs frequent medical care	_____(10
11. SEXUAL BEHAVIOR				
	0 No apparent dysfunction	+3 Real or perceived situational or minor problems	+5 Real or perceived chronic or severe problems	_____(11
12. S.O.'s IMPRESSION OF DEFENDANTS NEEDS				
-1 Well adjusted	0 No needs	+3 Moderate needs	+5 High needs	_____(12

Mental Health Screening Form III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins –"Have you ever ...."

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?

YES NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? YES NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? YES NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?

YES NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see?

YES NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES NO

b) Did you ever attempt to kill yourself? YES NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?

YES NO

8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

YES NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? YES NO

OVER

10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO

11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO

12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO

13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO

14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO

15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.
YES NO

16) 1.Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO

17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?
YES NO

Print Client's Name: _____ Program to which client will be assigned: _____

Name of Admissions Counselor: _____ Date: _____

Reviewer's Comments: _____

_____

_____