



State Avenue Counseling & Wellness

39 E. State Avenue, Meridian, Idaho 83642

208-994-3599

Name:

Date:

Describe the events that led to your arrest. Use as much space as needed. If you are printing this form to complete by hand answer on a separate sheet of paper and include it.

Describe any other actual, or threatened, physical violence between you and your partner. Use as much space as needed. If you are printing this form to complete by hand answer on a separate sheet of paper and include it.

During the 12 months previous to your arrest how often have you:

Pushed, grabbed, or shoved partner	
Grabbed partner by the throat	
Pinned partner against wall, floor, or object	
Hit partner with fist	
Slapped partner with hand	
Hit partner with an object	
Threw object at or near partner	
Pointed weapon at partner	
Used a weapon against partner	
Restrained partner from leaving	
Spit at partner or on partner	
Harmed a pet or animal	
Torn partner's clothes or underwear	
Forced sex with partner	
Kicked partner	
Twisted partner's arm	
Physically moved partner out of your way	
Made partner do humiliating things	
Yelled at partner	
Called partner names	
Ridiculed partner	
Ridiculed partner in front of others	
Violated partner's space ("got in their face")	
Thrown objects or things	
Threatened to kill yourself	
Threatened to kill your partner	
Threatened to kill others- Specify:	
Threatened to leave with children	
Left with children against partner's wishes	

Driven recklessly to frighten partner	
Taken away access to money or financial support	
Threatened to take custody of children	
Kept partner from using a vehicle	
Spanked children leaving bruises	
Accused partner of cheating on you	
Kept partner from sleeping	
Kept partner from eating	
Kept partner from seeing a doctor or seeking medical treatment	
Disabled partner's vehicle	
Made unwanted phone calls to partner	
Followed partner or checked up on partner	
Violated a no contact or protection order	
Tried to get partner to drop charges, not testify, or change testimony	
Left partner without transportation	
Personality Questionnaire	

	NO	YES
1. Do people often fail to appreciate your very special talents or accomplishments?		
2. Have people told you that you have too high an opinion of yourself?		
3. Do you think a lot about the power, fame, or recognition that will be Your's someday?		
4. Do you think a lot about the perfect romance that will be your's someday?		
5. When you have a problem do you almost always insist upon seeing the top person?		
6. Do you feel it is important to spend time with people who are special or influential?		
7. Is it very important to you that people pay attention to you or admire you in some way?		
8. Do you think it's not necessary to follow certain rules or social norms when they get in your way?		
9. Do you feel that you are the kind of person who deserves special treatment?		
10. Do you often find it necessary to step on a few toes to get what you want?		
11. Do you often have to put your needs above the needs of others?		
12. Do you often expect other people to do what you ask without question because of who you are?		
13. Are you NOT really interested in other people's problems or feelings?		
14. Have people complained that to you that you don't listen to them or care about their feelings?		
15. Are you often envious of others?		
16. Do you feel that others are often envious of you?		
17. Do you find that there are very few people that are worth your time or attention?		
18. Have you often become frantic when you thought that someone you really cared about was going to leave you?		
19. Do your relationships with people you really care about have many extreme ups and downs?		
20. Have you suddenly changed your sense of who you are and where		

you are going?		
21. Does your sense of who you are often change dramatically?		
22. Are you different with different people, or in different situations, so much so that you sometimes don't know who you really are?		
23. Have there been sudden changes in your goals, career plans, religious beliefs, and so on?		
24. Have you often done things impulsively?		
25. Have you tried to hurt or kill yourself or threatened to do so?		
26. Have you ever cut, burned, or scratched yourself on purpose?		
27. Do you have frequent sudden mood changes?		
28. Do you often feel empty inside?		
29. Do you often have temper outbursts or get angry so that you lose control?		
30. Do you hit people or throw things when you get angry?		
31. Do little things often make you very angry?		
32. When you are under a lot of stress do you get suspicious of other people or become distant from/uninvolved with the world around you?		
33. Before you were 15 years old would you bully or threaten other kids?		
	NO	YES
34. Before you were 15 years old would you start fights?		
35. Before you were 15 years old did you hurt or threaten someone with a weapon such as a bat, brick, broken bottle, knife, or gun?		
36. Before you were 15 years old did you deliberately torture someone or cause someone physical pain or suffering?		
37. Before you were 15 years old did you torture or hurt animals on purpose?		
38. Before you were 15 years old did you rob, mug, or forcibly take something from someone by threatening them?		
39. Before you were 15 years old did you force someone to have sex with you, to get undressed in front of you, or touch you sexually?		
40. Before you were 15 years old did you set fires?		
41. Before you were 15 years old did you deliberately destroy things that weren't yours?		
42. Before you were 15 years old did you break into houses, other buildings, or cars?		
42. Before you were 15 years old did you lie or "con" other people?		
44. Before you were 15 years old did you sometimes steal, shoplift, or forge someone's signature?		
45. Before you were 15 years old did you run away from home and stay away overnight?		
46. Before you were 13 years old did you stay out very late, long after the time you were supposed to be home?		
47. Before you were 13 years old did you often skip school?		