

# RSA JUVENILE DATA COLLECTION FORM

## DEMOGRAPHICS:

<b>Clients first name:</b>	<b>Clients middle name/initial:</b>	<b>Clients last name:</b>
<b>DOB:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM-DD-YYYY</small>	<b>SS#:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Gender:</b> 1=Male <input type="checkbox"/> 2=Female <input type="checkbox"/> 3=Transgender <input type="checkbox"/>

## REFERRAL:

<b>Referral offense(s):</b>				
<b>Offenders Juvenile Justice System Status:</b>		1=Not in the juvenile justice system 2=Diversion Client 3=Adjudicated Juvenile	4=Other ( <i>specify</i> ) 9=Unknown	<input type="checkbox"/>
<b>County of adjudication/diversion:</b> <input type="checkbox"/> <input type="checkbox"/>				
0. Not Applicable	14. Crowley	28. Hinsdale	42. Moffat	56. Saguache
1. Adams	15. Custer	29. Huerfano	43. Montezuma	57. San Juan
2. Alamosa	16. Delta	30. Jackson	44. Montrose	58. San Miguel
3. Arapahoe	17. Denver	31. Jefferson	45. Morgan	59. Sedgwick
4. Archuleta	18. Dolores	32. Kiowa	46. Otero	60. Summit
5. Baca	19. Douglas	33. Kit Carson	47. Ouray	61. Teller
6. Bent	20. Eagle	34. Lake	48. Park	62. Washington
7. Boulder	21. Elbert	35. La Plata	49. Phillips	63. Weld
8. Broomfield	22. El Paso	36. Larimer	50. Pitkin	64. Yuma
9. Chaffee	23. Fremont	37. Las Animas	51. Prowers	99. Unknown
10. Cheyenne	24. Garfield	38. Lincoln	52. Pueblo	
11. Clear Creek	25. Gilpin	39. Logan	53. Rio Blanco	
12. Conejos	26. Grand	40. Mesa	54. Rio Grande	
13. Costilla	27. Gunnison	41. Mineral	55. Routt	

## PRIOR:

<b>Had the juvenile ever been adjudicated for a sex offense <i>prior</i> to the current referral?</b>	0=No 1=Yes 9=Unk	<input type="checkbox"/>
<b>Had the juvenile undergone sex offender treatment <i>prior</i> to current treatment at RSA?</b>	0=No 1=Yes 9=Unk	<input type="checkbox"/>

## ORIGINAL RESEARCH CONSENT:

<b>Original research consent signed in the file:</b>	0=No <input type="checkbox"/> 1=Yes 9=Unk	<b>Date of the Original signed research consent:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM-DD-YYYY</small>	<b>Parent/guardian signature:</b>	0=No <input type="checkbox"/> 1=Yes 9=Unk
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## RETURN TO RSA FOR FURTHER TREATMENT

<b>Was there evidence in the file that the offender returned to RSA for <i>further</i> treatment as a juvenile?</b>	0=No 1=Yes 9=Unk	<input type="checkbox"/>
<b>If yes, how many times did the offender return as a juvenile? Record actual # and 8=8+</b>		<input type="checkbox"/>
<b>If yes, reason(s) for returning as a juvenile? _</b>		
<b>Was there evidence in the file that the offender returned to RSA for <i>further</i> treatment as an adult?</b>	0=No 1=Yes 9=Unk	<input type="checkbox"/>
<b>If yes, how many times did the offender return as an adult? Record actual # and 8=8+</b>		<input type="checkbox"/>
<b>If yes, reason(s) for returning as an adult? _</b>		

**INTAKE or EVALUATION:**

<p><b>The juvenile underwent an...</b></p> <p>0=Did neither intake/evaluation          1=Intake/preliminary assessment          2=Evaluation          3=Both (intake and evaluation)          9=Unknown</p> <input style="float: right;" type="checkbox"/>	<p><b>If the juvenile underwent an evaluation, who was it done by...</b></p> <p>0=No          1=RSA therapist          2=Non-RSA therapist          3=Both (RSA and non-RSA)          4=Other (<i>specify</i>)          9=Unknown</p> <input style="float: right;" type="checkbox"/>
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<p><b>Date of intake/PA...</b></p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <i>MM-DD-YYYY</i> </p>	<p><b>Date of evaluation...</b></p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <i>MM-DD-YYYY</i> </p>
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<p><b>Who referred for the intake/PA and/or evaluation ..</b></p> <p>0=No          1=Yes          9=Unk</p>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS	DIV	Pretrial	PO	DYC	Parent/ Guardian	Attorney	Non-RSA Therapist	Other ( <i>specify</i> )	

<p><b>LEVEL OF RISK:</b></p> <p><b>Level of risk...</b></p> <p>1=Some          2=Low          3=Low/Moderate</p> <p>4=Moderate          5=Moderate/High          6=High</p> <p>7=Severe/Repeat Offender          8=Other (<i>specify</i>)          9=Unk</p>				<input type="checkbox"/>  <hr style="width: 100%;"/>
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**TREATMENT:**

<p><b>Date treatment contract signed ...</b>          (<i>take the earliest date</i>)</p>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>MM-DD-YYYY</i>
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<p><b>Who referred for Treatment at RSA:</b></p> <p>0=No          1=Yes          9=Unk</p>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS	DIV	Pretrial	PO	DYC	Parent/ Guardian	Attorney	Non-RSA Therapist	Other( <i>specify</i> )	

Topic Areas Covered in Treatment...	RSA <i>(0=No; 1=Yes; 9=Unk)</i>	Non-RSA <i>(0=No; 1=Yes; 9=Unk)</i>
Treatment Orientation		
Sex History Disclosure		
Sexual Abuse Cycle		
Covert Sensitization		
Cognitive Restructuring		
Social Skills Development		
Relapse Prevention		
Victim Impact Awareness		
Self-Esteem Development		
Intimacy/Sexuality		
Own Trauma Issues/ROOTS		
Decision Making		
Boundaries		
Anger Management		
Harassment		
Deceptive Polygraph		
Contract Violators		
Other ( <i>specify</i> )		

**Number of treatment sessions...**

	<b>Scheduled</b>	<b>Attended</b>	<b>Missed</b>
Individual Sessions			
Group Sessions			
Family Sessions			
Individual/Family Sessions			
Parent Group			
Staffings			
Contract			
Polygraph			
PPG			
Other			
<b>TOTAL</b>			

**TERMINATION**

<b>Date treatment terminated...</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Termination status...</b>	1=Successful Completion 2=Unsuccessful Completion 3=Maximum Benefit from Treatment 9=Unknown	<input type="text"/>
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<b>Reason for termination...</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0=No 1=Yes 9=Unk	Dropped out	Successful Completion	Placed in residential treatment facility	Incarcerated	Re-offended (Specify)	Treatment Non-compliance	Probation Non-compliance	Other (specify)

**ANY INDICATION OF...**

	0=No 1=Yes 9=Unk	
<b>CHILD ABUSE</b>		
Any indication of being <i>sexually</i> abused as a child?	<input type="checkbox"/>	
Any indication of being <i>physically</i> abused as a child?	<input type="checkbox"/>	
Any indication of being <i>emotionally</i> abused as a child?	<input type="checkbox"/>	
Any indication of being <i>neglected</i> as a child?	<input type="checkbox"/>	
<b>MENTAL HEALTH CONDITION/DIAGNOSIS</b>		
Any indication of a Mental Health Condition/Diagnosis?	<input type="checkbox"/>	<i>If yes, what type of disorder(s)?</i>
Any indication of medication use <i>prior</i> to RSA?	<input type="checkbox"/>	<i>If yes, what type of medication?</i>
Any indication of medication use <i>currently</i> at RSA?	<input type="checkbox"/>	<i>If yes, what type of medication?</i>
Any indication of suicide ideation(s)/attempt(s)?	<input type="checkbox"/>	<i>If yes, at what age and reason(s) for the suicidal thoughts/attempt(s)?</i>
<b>DEVELOPMENTALLY DISABLED</b>		
Any indication of a developmental disability?	<input type="checkbox"/>	<i>If yes, what type of developmental disability?</i>
<b>LEARNING DISABILITY/SPECIAL ED</b>		
Any indication of a learning disability?	<input type="checkbox"/>	<i>If yes, what type of learning disability?</i>
Any indication of being placed in special education?	<input type="checkbox"/>	<i>If yes, at what age and reason(s) for being in special education classes?</i>

FAILING A GRADE/SCHOOL PROBLEMS		
Any indication of failing a grade?	<input type="checkbox"/>	If yes, what grade(s) failed?
Any indication of being suspended from school?	<input type="checkbox"/>	If yes, reason for suspension?
Any indication of being expelled from school?	<input type="checkbox"/>	If yes, reason for expulsion?
SUBSTANCE USE/ABUSE?		
Any indication of alcohol use?	<input type="checkbox"/>	If yes, age of onset? <input type="checkbox"/> <input type="checkbox"/>
Any indication of drug use?	<input type="checkbox"/>	If yes, age of onset? <input type="checkbox"/> <input type="checkbox"/> Drugs used? 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unk <input type="checkbox"/> Meth <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Other (specify)
Ever attended substance abuse treatment?	<input type="checkbox"/>	If yes, for... 0=None <input type="checkbox"/> 1=Alcohol <input type="checkbox"/> 2=Drugs <input type="checkbox"/> 3=Both (drugs & alcohol) <input type="checkbox"/>
HISTORY OF...		
Any history of fire setting?	<input type="checkbox"/>	
Any history of cruelty to animals?	<input type="checkbox"/>	
Any history of bed wetting?	<input type="checkbox"/>	
Any history of permanent head injuries?	<input type="checkbox"/>	
Other(s)?	<input type="checkbox"/>	

### ASSESSMENTS...

	Taken Test	Date of Test (MM-DD-YYYY)
	0=No 1=Yes 3=Yes, but results not in the file 9=Unk	
Minnesota Multiphasic Personality Inventory (MMPI)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MM-DD-YYYY
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MM-DD-YYYY
Minnesota Multiphasic Personality Inventory-Adolescents (MMPI-A)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MM-DD-YYYY
Multiphasic Sex Inventory (MSI)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MM-DD-YYYY
Multiphasic Sex Inventory-Juveniles (MSI-J)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MM-DD-YYYY

MMPI	MMPI-2	MMPI-A		MSI	MSI-J
?	?	?	Social/Sexual Desirability (SSD) Scale		
L	L	VRIN	Sexual Obsessions (SO) Scale		
F	F	TRIN	Cognitive Distortion/Immaturity (CDI) Scale		
K	K	F1	Justification (Ju) Index		
Hs	Hs	F2	Treatment (TA) Index		
D	D	F	Sex Knowledge and Beliefs (SKB) Scale		
Hy	Hy	L			
Pd	Pd	K			
Mf	Mf	Hs			
Pa	Pa	D			
Pt	Pt	Hy			
Sc	Sc	Pd			
Ma	Ma	Mf			
Si	Si	Pa			
A		Pt			
R		Sc			
Es		Ma			
MAC		Si			

**PLETHYSMOGRAPH (PPG):**

Ever taken a PPG test? <span style="float:right;">0=No 1=Yes 9=Unk</span> <input style="width:30px; height:20px;" type="text"/>	If yes, total # of PPG(s) taken?	Before RSA <input type="text"/> <input type="text"/> Initial <input type="text"/> <input type="text"/> Recheck	During RSA <input type="text"/> <input type="text"/> Initial <input type="text"/> <input type="text"/> Recheck	After RSA <input type="text"/> <input type="text"/> Initial <input type="text"/> <input type="text"/> Recheck
What did they have a significant level of arousal to...				

**POLYGRAPHS:** *(Record only the first ten polygraphs, but also record the total number given)*

Ever taken a polygraph test? <span style="float:right;">0=No 1=Yes</span>	<span style="float:right;">3=Yes, but results not in the file 9=Unk</span> <input style="width:30px; height:20px;" type="text"/>	If yes, total number of polygraph(s) taken? <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>
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DATE <i>MM-DD-YYYY</i>	TYPE <i>0=No/NA 1=D 2=M 3=SI 9=Unk</i>	RESULTS <i>0=No/NA/None 1=I 2=D 3=ND 4=ET 5=ES 6=NR 9=Unk</i>	HIGH RISK BEHAVIORS <i>0=No 1=Yes 9=Unk</i>		If HO or RO, what type of offense(s) <i>0=No/NA/None</i>	DISCLOSED DURING <i>0=No/NA/None 1=Before RSA Tx 2=During RSA Tx 3=After RSA Tx</i>
			DA=Drug & Alcohol Use and Abuse MV=Masturbation to Thoughts of Victim MC=Masturbation to Thoughts of a Child PA=Physical Assault C=Contact with a Prohibited Individual HO=Newly Disclosed Historical Offense RO=Reoffense since Starting Treatment P=Porn US=Unauthorized Sexual Contact UC=Unauthorized Contact with Children O=Other <i>(specify)</i>	Specify		
1. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INVOLVEMENT IN CASE:**

**Professionals involved in the case (excluding RSA therapists or polygraph examiner):**

0=No  
1=Yes  
9=Unk

DHS

DIV

Pretrial

PO

DYC

Victim  
Therapist

Attorney

Non-RSA  
Therapist

Other(specify)

**ADDRESS:**

	Address at <i>START</i> of treatment	Address at <i>END</i> of treatment
Street		
City		
Zip		

**STABILITY DURING TREATMENT:**

# of addresses changes prior to tx at RSA...	<input type="checkbox"/> (5=5+)	# of addresses changes during tx at RSA...	<input type="checkbox"/> (5=5+)
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**LIVING ARRANGEMENTS:**

Where/who was the juvenile living with/at referral for treatment...		0=No 1=Yes 9=Unk
Residential treatment facility		<input type="checkbox"/>
Two biological parents		<input type="checkbox"/>
One biological parent and a step-parent		<input type="checkbox"/>
Single parent		<input type="checkbox"/>
Grandparent(s)		<input type="checkbox"/>
Other relative	<i>Specify</i>	<input type="checkbox"/>
Sibling(s)	<i>If yes, specify # of sibling(s)...</i> Younger Female <input type="checkbox"/> Older Female <input type="checkbox"/> Younger Male <input type="checkbox"/> Older Male <input type="checkbox"/>	<input type="checkbox"/>
Step-sibling(s)	<i>If yes, specify # of sibling(s)...</i> Younger Female <input type="checkbox"/> Older Female <input type="checkbox"/> Younger Male <input type="checkbox"/> Older Male <input type="checkbox"/>	<input type="checkbox"/>
Foster parent(s)		<input type="checkbox"/>
Adoptive parent(s)		<input type="checkbox"/>
Other	<i>Specify</i>	<input type="checkbox"/>

**OFFENSE AND VICTIM INFORMATION** *(Record the first 25 offenses/victims)*

Number of offense(s)...

Referral Offense(s) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	Historical offense(s) disclosed <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	New offense(s) since starting treatment at RSA <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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Offense	School or public place	OFFENDER INFORMATION															VICTIM INFORMATION									
		Age @ Offense	Relationship to victim	Type of offense(s)				Frequency offense(s)	Duration offense(s)	Method of obtaining victim						Weapon used	Age @ offense	Victim's gender	Physically hurt	If physically hurt, what type of injury?						
				P	H	T	O			G	F	P	D	W	O					R	L	K	B	H	T	O
<i>See list</i>	<i>See list for options</i>	99=Unk	<i>See list</i>					#	#							<i>See list</i>	99=Unk	<i>See list</i>	<i>See list</i>							
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**FAMILY HISTORY OF...**

**Family Members...**

00=None	03=Step mom	06=Brother	09=Aunt	12=Step uncle	15=Step-grandma	18=Nephew	21=Cousin (female)	24=Step-cousin (male)
01=Mother	04=Step dad	07=Stepsister	10=Uncle	13=Grandma	16=Step-grandpa	19=Step-niece	22=Cousin (male)	25=Other
02=Father	05=Sister	08=Stepbrother	11=Step aunt	14=Grandpa	17=Niece	20=Step-nephew	23=Step-cousin (female)	99=Unknown

Select up to 10 family members that have a history of these behaviors...

	FAMILY MEMBER <i>Select from # above</i>	HISTORY OF SUBSTANCE ABUSE  0=No 1=Yes 9=Unk	IF YES, WHAT TYPE SUBSTANCE ABUSE...  0=No abuse 1=Alcohol 2=Drugs 3=Both (D&A) 9=Unknown	HISTORY OF MENTAL ILLNESS  0=No 1=Yes 9=Unk	HISTORY OF SEXUAL PERPETRATING  0=No 1=Yes 9=Unk	INDICATION OF BEING SEXUALLY ABUSED  0=No 1=Yes 9=Unk	EVER BEEN ARRESTED?  0=No 1=Yes 9=Unk	IF YES, FOR WHAT TYPE OF CRIME?  V=Violent P=Propert/Non-violent SO=SexOffense DV=Drug Violation WV=Weapon Violation 0=Other(specify)					Specify		
								V	P	SO	DV	WV		O	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	