

Client ID:	<input type="text"/>
Name:	<input type="text"/>
DOB:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown
Date Interview Began:	<input type="text"/>

Risk and Needs Variables

1. Current Age

More Info

A younger age during rehabilitation or treatment generally predicts a poorer response to interventions. Prior to the age of 25, individuals tend to be more impulsive and less willing to heed the advice of professionals. Moreover, the frontal lobe of the brain, which tends to put the “brakes” on misbehavior, is less fully developed prior to the age of 25.

2. Homeless during the past 12 months Yes No

- Count as homeless if the individual tended not to have a steady address or moved around between friends, family members and/or shelters.

More Info

The purpose of this item is to determine whether there has been a pattern of instability in the individual’s living arrangements during the previous year. Unstable living arrangements are generally associated with a poorer response to treatment and a greater likelihood of failure to comply with probation or pre-trial supervision requirements.

3. Number of address changes during the past 12 months

- Do not include address changes resulting from incarceration, residential placement, hospitalization, job relocation, or military service.
- If the individual was homeless during all of the past 12 months, enter 12 as a default for this item.

More Info

The purpose of this item is to determine whether there has been a pattern of instability in the individual's living arrangements during the previous year. Unstable living arrangements are generally associated with a poorer response to treatment and a greater likelihood of failure to comply with probation or pre-trial supervision requirements.

4. Number of months in past 12 months engaged in regular legal employment for 20 or more hours per week

- Do not include under-the-table or illegal work which is not pro-social.
- Do not include temporary shift work that is not regular.
- Include as legitimate employment any time engaged as a full-time student, in vocational training, in a sheltered workshop, as a homemaker, or in military service.

More Info

The purpose of this item is to assess regular engagement in pro-social, productive activity. A failure to maintain productive employment is associated with a greater likelihood of failing to meet other obligations such as supervision requirements.

5. Age of onset of criminal activity

- This refers to the age at which the individual was first arrested, or first engaged in activity that would have resulted in an arrest or delinquency adjudication if it had been detected by authorities.
- Do not include minor summary offenses such as truancy or graffiti.

More Info

An earlier age of onset of criminal activity generally predicts a more persistent course and a poorer response to correctional interventions.

6. Number of prior diversion or de novo referrals

Prior diversions or de novos are programs for criminal dispositions in lieu of a criminal trial or prosecution (e.g. drug court, dui court, ARD). In these programs the disposition is often conditional on the defendants participating in treatment and performing certain tasks.

- Include prior drug diversions or de novos regardless of whether or not the individual satisfied the conditions.

More Info

Previously unsuccessful experiences in a criminal diversion program tend to predict poorer compliance and outcomes in subsequent episodes.

7. Number of prior deferred prosecutions

- Include prior deferred prosecutions regardless of whether or not the individual satisfied the conditions.

More Info

Previously unsuccessful experiences in a criminal diversion program tend to predict poorer compliance and outcomes in subsequent episodes.

8. Number of bench warrants for failure to appear in past 3 years

- Do not include warrants issued for lesser infractions such as a failure to pay fines.
- Do not include new arrest warrants or search/seizure warrants. Instances of new offenses are assessed in other items.
- Include only warrants issued for failure to appear in the past 3 years.

More Info

A failure to appear on previous warrants generally predicts a greater likelihood of failing to appear in the future or failing to comply with other supervisory requirements.

9. Number of prior felony convictions

More Info

Prior felony convictions predict a greater likelihood of criminal recidivism.

10. Number of prior serious misdemeanor convictions

Examples (which may vary by jurisdiction) include:

- Misdemeanor assault
- Domestic assault
- Interference with privacy
- Harassment
- Restraining order violation
- Order of protection violation
- DWI
- Indecent exposure

More Info

Prior serious misdemeanor convictions predict a greater likelihood of criminal recidivism.

11. Number of other misdemeanor convictions

This item refers to misdemeanor convictions not reported in the previous item.

- Do not include summary offenses or minor traffic citations for such things as speeding, illegal u-turns or illegal parking.
- Do include more serious misdemeanor traffic offenses, such as reckless driving and driving with a suspended license.

More Info

Prior misdemeanor convictions predict a greater likelihood of criminal recidivism.

12. Age of onset of regular substance use

Not Applicable

- This refers to the age at which the individual began using alcohol, illicit drugs, or prescription drugs on a repetitive basis (at least weekly or monthly).
- Include prescription drugs used in a non-prescribed manner.
- Do not include experimentation or infrequent usage less often than monthly.
- Check “Not Applicable” if individual has not used alcohol, illicit or prescription drugs on a repetitive basis.

More Info

An earlier age of onset of substance abuse generally predicts a more chronic course and a poorer response to standard clinical interventions.

13. Number of prior substance abuse treatment episodes or attempts

- Include previous substance abuse treatment episodes regardless of whether or not the individual completed treatment, dropped out prematurely, or was discharged for violations or noncompliance.
- Do not include participation in self-help or peer support interventions such as 12-step or AA groups.
- Do not count treatment referrals resulting from or occurring after the current arrest episode.
- If the individual was actively enrolled in substance abuse treatment at the time of the current arrest, do count that as a prior treatment episode.

More Info

Previously unsuccessful experiences in a substance abuse treatment tend to predict poorer compliance and outcomes in subsequent treatment episodes.

14. Withdrawal syndrome in the past 12 months Yes No

CHARACTERISTIC WITHDRAWAL SYMPTOMS (APA, 2000):*

Alcohol, Sedatives, Anxiolytics

Two or more of the following:

- Autonomic hyperactivity (e.g., sweating or pulse rate > 100 bpm)
- Increased hand tremor
- Insomnia
- Nausea or vomiting
- Transient visual, tactile or auditory hallucinations or illusions
- Severe and generalized anxiety (i.e., not related only to specific situations such as public speaking)
- Grand mal seizures

Stimulants: (e.g., cocaine, amphetamines)

Dysphoric mood AND two or more of the following:

- Severe fatigue
- Vivid, unpleasant dreams
- Insomnia or hypersomnia
- Substantially increased appetite
- Psychomotor retardation or agitation

Opioids: (e.g., heroin, morphine, codeine, oxycodone)

Three or more of the following:

- Dysphoric mood
- Nausea or vomiting
- Insomnia or hypersomnia
- Muscle aches
- Lacrimation or rhinorrhea (continuously runny eyes or nose)
- Dilated pupils, excessive goose bumps or sweating
- Diarrhea
- Yawning

- Fever
- Insomnia

NOTE: A serious withdrawal syndrome has not been identified for marijuana or hallucinogens

*American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.).

More Info

Physical addiction or dependence frequently involves a withdrawal syndrome. This is a serious involuntary physical reaction that occurs upon cessation of or reduction in use of drugs or alcohol. The symptoms must impair the individual's ability to engage in daily life activities such as work, school, or childcare.

15. Binge use and loss of control in the past 12 months Yes No

- A binge is not simply sporadic or intermittent use, and does not simply include situations in which the individual uses a large amount of the substance during a short period of time (e.g., on weekends or at parties).
- Any use of the substance must trigger an uncontrollable pattern of sustained usage with an inability to stop oneself.
- For example, drinking one beer may precipitate an uncontrollable “all-nighter” or several-day “bender.”

More Info

Addiction or dependence may involve a pattern of triggered binge responses when the individual ingests or comes into contact with drugs or alcohol.

16. Cravings or compulsions in the past 12 months Yes No

- Cravings refer to intense urges to use the substance that are extremely difficult to withstand. They do not include mere feelings of missing the substance, fond feelings or attitudes about it, or a continued desire to keep using it.
- Compulsion refers to a severe preoccupation or obsession with obtaining the substance. The more the individual attempts to abstain from it, the greater the pressure builds and the more narrow and focused the individual's thoughts may become. Eventually, the individual may experience “tunnel vision” in which he or she can only focus on or think about the need for the substance.

More Info

Addiction or dependence often includes intense cravings or compulsions to use drugs or alcohol.

17. Chronic substance abuse-related medical condition Yes No

Because many correctional programs are developed around substance abuse issues and provide addiction services, the medical disorder should be caused or severely exacerbated by substance use. Include medical disorders caused or exacerbated by substance abuse. Do not include medical conditions not caused or exacerbated by substance abuse.

- Typical examples may include pancreatitis, cirrhosis of the liver, HIV, hepatitis, heart or kidney damage, or diabetes.
- The individual must be required to take medication or other treatment on a daily or weekly basis for at least several months or years, and may need to have bodily functioning monitored through regular and periodic testing.
- Traumatic injuries caused by intoxication (e.g., car accidents) may be included here, but only if they will require ongoing medical monitoring and intervention.

More Info

The purpose of this item is not to determine whether the individual could benefit from receiving a medical evaluation or treatment. That determination should be made during an in-depth clinical assessment. The purpose here is to determine whether the individual is likely to require substantial medical treatment and/or continuous monitoring while under the supervision of the criminal justice system. Medical conditions not caused or exacerbated by substance abuse can usually be dealt with adequately by a referral for medical treatment.

18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including illicit drug use

- None
- A Little
- Some
- Most
- Almost All

- If an individual recently changed his or her peer interactions in response to an arrest or after entering treatment, this would reflect a relatively small percentage of the past 12 months.

More Info

There is a direct correlation between the proportion of time individuals spend interacting with others who are themselves engaged in crime and drug use and the risk of recidivism and failure in treatment.

- This influence is particularly pronounced for immediate family members, significant others, and housemates who tend to interact frequently with the individual. Therefore, weight the influence of such frequent interactions accordingly.
- Research suggests that female offenders may spend relatively more time than males interacting with significant others, siblings, and parents. Therefore, weight the influence of such frequent interactions accordingly.

19. Major Axis I mental health diagnosis

Yes

No

- The individual must meet formal DSM-IV diagnostic criteria for a major “Axis I” psychiatric disorder, such as a major depressive disorder, bipolar disorder or manic-depression, psychosis, dementia, or organic brain syndrome.
- When untreated, the disorder must substantially interfere with the individual’s ability to engage in daily life activities such as work, school, or childcare.
- In many instances, individuals with a severe psychiatric disorder will have received a formal diagnosis from a mental health professional or have been prescribed psychiatric medication. It is often useful to ask the individual whether he or she received such a diagnosis or was prescribed medication in the past.
- Do not include mild or temporary emotional disturbances, such as nervousness, anxiety, worry, dysthymia or depression, sadness, mild problems with concentration or memory, or personality disorders.
- In most instances, minor anxiety disorders such as simple phobias or panic do not bring people into contact with the criminal justice system and do not interfere substantially with daily life activities.

More Info

The purpose of this item is not to determine whether the individual could benefit from receiving a mental health evaluation or to aid in developing a psychiatric treatment plan. Those goals should be served during an in-depth clinical evaluation by a trained treatment professional. The purpose here is to determine whether the individual is likely to require substantial mental health services while he or she is under the supervision of the criminal justice system.