

The following sentences describe how you feel about yourself. Read each sentence carefully. Please circle one number next to each sentence.

There are no wrong or right answers.

1=Not at all like me, 2=Not very much like me, 3=Kind of not like me, 4= I'm not sure if it's like me or not,

5=Kind of like me, 6=Very much like me, 7=Exactly like me

1. I am good at starting new discussions	1	2	3	4	5	6	7
2. My friends and family keep me up to speed on important events	1	2	3	4	5	6	7
3. I am good at making new friendships	1	2	3	4	5	6	7
4. My friends and family are supportive of one another	1	2	3	4	5	6	7
5. When working on something I make a list of things to do in order of importance	1	2	3	4	5	6	7
6. I am secure in my ability to solve problems	1	2	3	4	5	6	7
7. My friends and family spend free time together	1	2	3	4	5	6	7
8. When working on something I recognize the most important tasks before I start	1	2	3	4	5	6	7
9. I am secure in my ability to succeed	1	2	3	4	5	6	7
10. I am secure in my ability to think out and plan	1	2	3	4	5	6	7
11. I am secure in my ability to think on my feet	1	2	3	4	5	6	7
12. I am good at working with others as part of a team	1	2	3	4	5	6	7
13. I am good at hanging out with new people	1	2	3	4	5	6	7
14. I am secure in my ability to achieve goals	1	2	3	4	5	6	7
15. When working on something I organize my time well	1	2	3	4	5	6	7
16. I am good at hanging out with others	1	2	3	4	5	6	7
17. I am good at being with other people	1	2	3	4	5	6	7
18. When working on something I plan things out	1	2	3	4	5	6	7
19. I am secure in my ability to make good decisions/choices	1	2	3	4	5	6	7
20. My friends and family see things the same way	1	2	3	4	5	6	7
21. My friends and family are seen as united	1	2	3	4	5	6	7
22. When working on something I do better if I set a goal	1	2	3	4	5	6	7
23. My friends and family are positive	1	2	3	4	5	6	7
24. When working on something I can see the order in which to do things	1	2	3	4	5	6	7

FOR ADMINISTRATIVE USE ONLY

Case Record I.D. _____ CN _____ Case Status: _____

Age: _____ Sex: _____ Date Received: _____

Currently Incarcerated Yes No

Previously Incarcerated Yes No

**Have you ever experienced a traumatic event, serious disaster, and/or accident?
Check ALL that apply.**

Traumatic Event	Removed from Home	Neglect/ Abuse	Physically Robbed or Attacked
Natural Disaster	Separated/ Divorced	Loss of a Child	Sexual Harassment
Serious Accident	Serious Financial Problems	Death of a Loved One	Sexual Assault
Incarceration	Physical/ Mental Illness	Domestic Violence	Other: _____

If you experienced one or more of these events, please explain how old you were at the time the event(s) in the space below.

In the last year, have you experienced feelings of intense helplessness, fear, or horror that has affected your life in the past year?

Not At All

Some

Extremely

Has someone close to you experienced a traumatic event or disaster so that even though you didn't see it yourself, you were seriously upset by it?

Yes

No