

Gender & Aggression Project RESEARCH MODULES



ASSESSMENT PROTOCOL

Time 1



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Interviewer Checklist: *Girls & Aggression Project*

Participant ID # ____ - ____

BIRTHDATE (DD/MM/YY) : ____/ ____/ ____

MAC ID #: _____

CASE NUMBER (CS# 8 digit) : _____

Provincial Health Number# : _____

MODULE ONE

Date Administered: ____/ ____/ ____ **Interviewer Number:** ____

DD / MM / YY

(circle one)

	Self Report Or Interview	Complete (√)	In file?	Issues/ Concerns? (If yes, See below)
1. Background and Demographics [B]	Interview			NO YES
2. Adolescent Attachment Interview [AAI] (adapted from Bartholomew & Horowitz, 1991)	Interview			NO YES
3. Ontario Health Study Scales/Child Behaviour Checklist (Youth Self-Report) [OCHS - YSR] (Spitzer, Williams, Gibbon, & First, 1992)	Self Report Self Report			NO YES
4. Aggressive Fantasies Scale [AFS] (Peled, 2003)	Interview			NO YES
5. Rejection Sensitivity Questionnaire - Revised [RSQ-R] (Downey & Feldman, 1996)	Self Report			NO YES
6. Form-Function Aggression Measure [FFAM] (adapted from Little, Jones, Henrich, & Hawley, 2003)	Self Report			NO YES
7. Self Report of Offending [SRO-R] (adapted from Elliott, Huizinga, & Menard, 1989)	Interviewer Assisted			NO YES
8. Sadness and Anger Rumination Inventory – ANGER [RI-A] (Peled & Moretti, 2007)	Self Report			NO YES
9. Autonomy in Close Relationships Scale [ACR] (adapted from Montgomery, Li, Friedman, Barrera, & Chassin, 1995)	Self Report			NO YES
10. Tracking Sheets				NO YES

Specify Issues/ Concerns with this Module (i.e., reasons for missing information, concerns re: quality of the data):

MODULE TWO

Date Administered: ____/____/____ **Interviewer Number:** ____

DD / MM / YY

(Circle one)

	Self Report OR Interview	Complete (√)	Issues/ Concerns? If yes, See below
11. Diagnostic Interview for Children and Adolescents [DICA] (Reich, Welner, Herjanic, & MHS staff, 1997) Modules (circle completed modules) a. ADHD g. Street drugs b. CD h. Inhalants c. ODD i. MDD d. Alcohol j. SAD e. Marijuana k. GAD	Computer Assisted Interview	(A check mark here indicates that all DICA Modules are complete)	NO YES (Problems with specific modules and/or items refused should be noted when you complete the DICA summary form after your interview session is complete)
12. Life Events Checklist [LEC] (Blake et al., 1995)	Interview		NO YES
13. If a traumatic life-event was identified – Clinician Administered PTSD Scale for Adolescents [CAPS] (Blake et al., 1995)	Interview		NO YES
14. Suicide Ideation Questionnaire [SIQ-12] (adapted from Reynolds, 1988)	Interview		NO YES
15. The Structured Clinical Interview [SCID-BP-15] (adapted from Spitzer, Williams, Gibbon, & First, 1991)	Interviewer Assisted		NO YES
16. Sadness and Anger Rumination Inventory – SADNESS [RI-S] (Peled & Moretti, 2007)	Self-Report		NO YES
17. Shame and Guilt Questionnaire[SGQ] (Moretti, 2003)	Self-Report		NO YES
18. Family Background Questionnaire [FBQ] (McGee, Wolfe & Wilson, 1997)	Interviewer Assisted		NO YES
19. Millon Adolescent Clinical Inventory-Egotism Scale [E- MACI] (adapted from Millon, 1993)	Self-Report		NO YES
20. Interpersonal Reactivity Index (IRI) (Davies, 1983)	Self-Report		NO YES
21. DICA Observation Category	Interviewer Completes Alone		NO YES
22. DICA Summary Form	Interviewer Completes Alone		NO YES

Specify Issues/ Concerns with this Module (i.e., reasons for missing information, concerns re: quality of the data):

MODULE THREE

Date Administered: ____/____/____ **Interviewer Number:** ____

DD / MM / YY

(Circle one)

	Self Report OR Interview	Complete (√)	Issues/ Concerns? If yes, See below
23. Child and Parent Attachment Inventory (CAPAI-25) (Moretti, McKay, & Holland, 2001)			
24. Affect Regulation and Control [ARC] (Moretti, 2003)	Self Report		NO YES
25. Rosenberg Self Esteem Scale [RSE] (Rosenberg, 1965)	Self Report		NO YES
26. Parent-Peer Attachment Function [PPAF] (Moretti, 2003)	Self Report		NO YES
27. Adolescent Relationship Questionnaire [ARQ] (Scharfe & Bartholomew, 1995)	Self Report		NO YES
28. Teen Relationship Survey – PMLT6 (Pepler & Craig, 1998)	Self Report		NO YES
29. Teen Relationship Survey – CHKT6 (Pepler & Craig, 1998)	Self Report		NO YES
30. Conflict Tactics Scale Revised [CTS-R] (Straus, 1979; revised by Pepler & Craig, 1998)	Interviewer Assisted		NO YES
31. Community Violence Measure [CMV] (for a review see Lipsey & Derzon, 1998)	Self Report		NO YES
32. Psychopathy Checklist – Youth Version & Structured Assessment of Violence Risk in Youth Interview [PCL] [SVRY]	Interview		NO YES
33. Child Report of Parenting Behavior [CRPB-13] (adapted from Schludermann & Schludermann, 1988)	Self Report		NO YES
34. Parental Monitoring [PPM] (Pepler & Craig, 1998)	Self Report		NO YES
35. Attitudes towards Aggression in Dating Situations [AADS] (Slep, 2001)	Self Report		NO YES
36. CIHR Receipt			NO YES

Specify Issues/ Concerns with this Module (i.e., reasons for missing information, concerns re: quality of the data):

File Coding & Risk Assessment			
		Complete (√)	Issues/ Concerns? If yes, See below
37. File Coding Sheet	FILE		NO YES
38. Psychopathy Checklist – Youth Version (PCL-YV) Number of Raters: _____ Rater ID Numbers: _____	RATER		NO YES
39. Structured Assessment of Violence in Youth (SAVRY) Number of Raters: _____ Rater ID Numbers: _____	RATER		NO YES
Specify Issues/ Concerns with this Module (i.e., reasons for missing information, concerns re: quality of the data): 			

_____ Interviewer Name _____ Interviewer Signature	Date Case Closed : ____/ ____/ ____ Day Month Year
--	---

This form should be signed and dated by the individual who submits the final protocol package

INTERVIEWER INSTRUCTIONS

1. **Review the file PRIOR to the first interview** with the youth.
2. The identification number for each participant will be a 4 digit number. This number will be comprised of the unique **2** digit interviewer ID number (of the individual who administers MODULE 1), followed by a consecutive numbering of each youth interviewed beginning at 01:

___ - ___ - ___

For example, if your interviewer ID number is 25, the first youth you interview will have the ID number **25-01**, and the second youth that you interview will have the ID number **25-02**.

ENSURE THAT THE ID NUMBER IS ON THE FRONT PAGE OF EACH MODULE

3. **ALL SESSIONS COMPLETED WITH YOUTH ARE TO BE DIGITALLY RECORDED.** This will provide a full record of each session and protection to you and the youth in the event that allegations of any form might arise. Following each session ensure that you transfer your digital recording to disk, labeling the file with the date of the session and protocol number that you worked on.
4. Ensure that you complete the consent form with the youth prior to administering the first module; emphasize again the **voluntary nature of the study**, the **right to withdraw at any point**, and the **presence AND limits of confidentiality**.
5. Youth will report on events and issues in their relationships with caregivers across all three modules. Establish primary maternal and paternal caregiver in MODULE ONE and ensure that all questions are answered with respect to the same caregivers across all three protocols. The youth are asked to identify their primary caregivers on PAGE 1 of MODULE 1 and in the ATTACHMENT INTERVIEW. Ensure that the individuals identified in these two places are the same **Whenever the symbol  appears REMIND the youth to refer to the primary caregivers that were identified in MODULE ONE.**



INTERVIEWERS MUST ESTABLISH PRIMARY MATERNAL AND PATERNAL CAREGIVER AS OF THE FIRST PROTOCOL AND ALL RELATIONSHIP MEASURES MUST BE COMPLETED IN REGARD TO THAT PERSON.

THIS IS CRITICAL AND IT'S NOT ALWAYS EASY.

IF ANOTHER INTERVIEWER HAS ALREADY IDENTIFIED THE PRIMARY CAREGIVER WITH THE YOUTH, THEN YOU WILL NEED TO WORK TO GET THIS INFORMATION AND ENSURE THAT THERE IS CONSISTENCY ACROSS THE MODULES

6. Throughout the modules there are items that are **highlighted**, such as ID number, Date, PRN (B.C. health) number. These are pieces of information that are extremely important for you to get. Please ensure that all of these items are completed prior to turning in the protocol to the lab.
7. Throughout the interview there are codes such as: **[PCL]** **[SVRY]** **[P6]**. These codes are intended to indicate specific items that may be important in coding, Psychopathy, SAVRY Items, or SAVRY Protective items respectively. These items are particularly important to PCL/SVRY interviewers;

while these are key items that should be considered in making your final ratings on the PCL and SAVRY all information in the protocol and file can, and in many cases should, be considered.

8. RECORD any problems in the completion of any test or interview on the INTERVIEW CHECKLIST. Additional comments can be written directly on the protocol as long as they will not interfere with data entry.

9. REPORT any problems with the administration (ie., problems that are encountered during administration, difficulty with recording devices, issues related to transferring modules between interviewers) or construction of the protocol (ie., difficult sections to complete, common problems regarding item comprehension, length, etc) to the project administrator (Ingrid Obsuth ivobsuth@sfu.ca) as soon as possible. This is particularly important in the initial stages of administration, however, it will be important to maintain this type of communication and feedback throughout the process.

10. From time to time you may receive updates pertaining to administration, particularly at the beginning of the project. Make sure you review them and adjust your administration accordingly.

11. The Protocol is comprised of a mixture of interviews and self report measures. The INTERVIEWER CHECKLIST indicates what sections of the protocol should be administered in an interview versus self-report format. Additional symbols have been included throughout the protocol in order to assist in the administration:

The symbol indicates that the scale is a SELF REPORT MEASURE

Self Report measures will be completed by the youth, however, prior to allowing the youth to complete the Self Report Measure the interviewer should go through the first item with the youth and ensure that they understand the question and how it is scored. If a youth has trouble with comprehension, reading or is having difficulty completing the scale the interviewer can read each item to the youth from a separate sheet of paper and allow the youth to respond confidentially.

The symbol indicates that the scale is an INTERVIEW

The interviews (Attachment Interview, PCL SAVRY Interview) will be digitally recorded and will be administered with the researcher asking the questions as they appear on the protocol, probing where needed, and taking notes where required (i.e., for own reference or for the purposes of coding the SAVRY and PCL). The entire attachment interview will be transcribed for coding at a later date.

Note that sections marked: " **Interviewer Assisted**" are Self Report inventories that may be difficult for the youth to complete on their own. For these sections the procedure is to let the youth fill out their responses on a separate sheet of paper while you read the statements and the response scales aloud.

12. Ensure that you are using the appropriate consent form for your site.

MODULE I

INTAKE, BACKGROUND & ATTACHMENT

ID Number #

____ - ____

Date of Interview

____ / ____ / ____
DD MM YY

Interviewer ID #

Location:

- ☐ Youth Forensics - IAU (01)
- ☐ Youth Forensics – OPD (02)
- ☐ Burnaby Youth Secure Custody (03)
- ☐ Burnaby Specialized Unit(Co-ed) (04)
- ☐ Burnaby Open Custody Unit (05)
- ☐ Culpeper Correctional Facility (06)
- ☐ Community – Virginia (07)
- ☐ Maples Community (08)
- ☐ Maples Residential (09)



We are going to start today with a few background questions related to you and your family.

When were you born?

____/____/____
DD / MM / YY

How old are you: _____ years old

Gender

☐ Male (1) ☐ Female (2)

B1. People sometimes identify themselves by race. Check the box that shows how you identify yourself.

- | | |
|--|---|
| ☐ European-Canadian (White) | ☐ Asian-Canadian (ie., Chinese, Vietnamese, Korean, ect.) |
| ☐ Aboriginal – Canadian (Native Indian) | ☐ South Asian-Canadian (ie., East Indian, Pakistani, etc.) |
| ☐ African/ Caribbean-Canadian (Black) | ☐ Latin American –Canadian (ie., Hispanic) |
| ☐ Other (specify) _____ | |

During this study you will be asked questions about your parents or caregivers.

B2. Who do you feel spends the most time raising you, the person that you would most consider your mother?

_____ *Is this your biological mother?* NO (0) ☐ YES (1)

B3. Who is the person that you would most consider your father?

_____ *Is this your biological father?* ☐ NO (0) ☐ YES (1)

B4. Are you currently under the legal care of your biological parents? ☐ NO (0) ☐ YES (1)

If no, who is your legal guardian? _____

Please remember that throughout the interview whenever I ask about your mother or father I am going to be referring to the people that you just identified here.

Note to Interviewer: Ensure that the youth understands this. When the following symbol -  - occurs throughout the protocol please remind the youth that they are referring to the people listed here.

When determining the primary caregiver default to biological parent unless there is compelling reason not to do so.

B5. Check the box that shows how your father identifies himself.

- | | |
|--|---|
| ☐ European-Canadian (White) | ☐ Asian-Canadian (ie., Chinese, Vietnamese, Korean, etc.) |
| ☐ Native – Canadian (Native Indian) | ☐ South Asian-Canadian (ie., East Indian, Pakistani, etc.) |
| ☐ African/ Caribbean-Canadian (Black) | ☐ Latin American –Canadian (ie., Hispanic) |
| ☐ Other (specify) _____ | |

B6. Check the box that shows how your mother identifies herself.

- | | |
|--|---|
| ☐ European-Canadian (White) | ☐ Asian-Canadian (ie., Chinese, Vietnamese, Korean, etc.) |
| ☐ Native – Canadian (Native Indian) | ☐ South Asian-Canadian (ie., East Indian, Pakistani, etc.) |
| ☐ African/ Caribbean-Canadian (Black) | ☐ Latin American –Canadian (ie., Hispanic) |
| ☐ Other (specify) _____ | |

B7. Were you born in Canada? (check one)
☐ NO (0) ☐ YES (1)
If no:

How long have you lived in Canada? _____ (years)

What country were you born in? _____

B8. What is your home address:

OR postal code:

--	--	--

--	--	--

--

Now I am going to ask you a couple of questions about your mother and father's employment.



[Note to interviewer: Please complete the mother section first then complete column for the father]

M1. Is your mother currently employed? ☐ NO (0) ☐ YES (1)**If yes**, what type of job does your mother have?

If yes, what type of hours does your mother work:

- ☐ Works full-time
☐ Works part-time
☐ Seasonal
☐ Other, specify: _____

If no, is your mother NOT working because, she is:

- ☐ a student/attending school or program
☐ looking after children
☐ does not need to
☐ Other, specify: _____

M2. Has your mother ever received income assistance (Welfare)?☐ NO (0) ☐ YES (1)**If yes, is your mother currently receiving income assistance (Welfare)?**☐ NO (0) ☐ YES (1)**F1. Is your father currently employed?** ☐ NO (0) ☐ YES (1)**If yes**, what type of job does your father have?

If yes, what type of hours does your father work:

- ☐ Works full-time
☐ Works part-time
☐ Seasonal
☐ Other, specify: _____

If no, is your father NOT working because, he is:

- ☐ a student/attending school or program
☐ looking after children
☐ does not need to
☐ Other, specify: _____

F2. Has your father ever received income assistance (Welfare)?☐ NO (0) ☐ YES (1)**If yes, Is your father currently receiving income assistance (Welfare)?**☐ NO (0) ☐ YES (1)**M3. How much education does your mother have?**

(Check the highest level she has)

- ☐ Finished high school
☐ Vocational training (e.g., trade school)
☐ Some college/university courses
☐ Finished college/university
☐ Don't know

F3. How much education does your father have?

(Check the highest level he has)

- ☐ Finished high school
☐ Vocational training (e.g., trade school)
☐ Some college/university courses
☐ Finished college/university
☐ Don't know

Please answer YES or NO to the following questions.

If you do not know the answer it is also okay to say that you Do Not Know (DK)

M4. To the best of your knowledge, has your <u>mother</u> ever:	No	Yes	DK	F4. To the best of your knowledge, has your <u>father</u> ever:	No	Yes	DK
a. Been arrested or convicted of a crime	☐ 0	☐ 1	☐ 2	a. Been arrested or convicted of a crime	☐ 0	☐ 1	☐ 2
b. Been diagnosed with a mental illness	☐ 0	☐ 1	☐ 2	b. Been diagnosed with a mental illness	☐ 0	☐ 1	☐ 2
c. Been in a mental hospital	☐ 0	☐ 1	☐ 2	c. Been in a mental hospital	☐ 0	☐ 1	☐ 2
d. Lived in foster care	☐ 0	☐ 1	☐ 2	d. Lived in foster care	☐ 0	☐ 1	☐ 2
e. Ever had a problem with alcohol use	☐ 0	☐ 1	☐ 2	e. Ever had a problem with alcohol use	☐ 0	☐ 1	☐ 2
f. Ever had a problem with drug use	☐ 0	☐ 1	☐ 2	f. Ever had a problem with drug use	☐ 0	☐ 1	☐ 2
g. Been a victim of abuse	☐ 0	☐ 1	☐ 2	g. Been a victim of abuse	☐ 0	☐ 1	☐ 2
if yes, please try to specify the type of abuse if the child is comfortable doing so: 				if yes, please try to specify the type of abuse if the child is comfortable doing so: 			
M5. Does your <u>mother</u> know your whereabouts when you are away from home? ☐ Never ☐ Sometimes ☐ Usually ☐ Always				F5. Does your <u>father</u> know your whereabouts when you are away from home? ☐ Never ☐ Sometimes ☐ Usually ☐ Always			
M6. Does your <u>mother</u> know who you are with when you are away from home? ☐ Never ☐ Sometimes ☐ Usually ☐ Always				F6. Does your <u>father</u> know who you are with when you are away from home? ☐ Never ☐ Sometimes ☐ Usually ☐ Always			
S1. Do you have any sisters? ☐ No ☐ Yes If no, move to next section If Yes, How many sisters do you have?				BR1. Do you have any brothers? ☐ No ☐ Yes If no, move to next section If yes, How many brothers do you have?			
S2. To the best of your knowledge, have any of your sisters(s)				BR2. To the best of your knowledge, have any of your brothers (s)			
a. Been convicted of a crime	☐ 0	☐ 1	☐ 2	a. Been convicted of a crime	☐ 0	☐ 1	☐ 2
b. Been diagnosed with a mental illness	☐ 0	☐ 1	☐ 2	b. Been diagnosed with a mental illness	☐ 0	☐ 1	☐ 2
c. Lived in foster care	☐ 0	☐ 1	☐ 2	c. Lived in foster care	☐ 0	☐ 1	☐ 2
d. had a problem with alcohol use	☐ 0	☐ 1	☐ 2	d. had a problem with alcohol use	☐ 0	☐ 1	☐ 2
e. had a problem with drug use	☐ 0	☐ 1	☐ 2	e. had a problem with drug use	☐ 0	☐ 1	☐ 2
f. Been a victim of abuse	☐ 0	☐ 1	☐ 2	f. Been a victim of abuse	☐ 0	☐ 1	☐ 2
if yes, please try to specify the type of abuse if the child is comfortable doing so: 				if yes, please try to specify the type of abuse if the child is comfortable doing so: 			

S3. If you have siblings, how would you describe your relationship with them? (*Probes: What types of activities do you and your sibling(s) do together? How much time do you spend together? Are you close with your sibling(s)? Do you ever get into serious arguments with your sibling(s)?*) [PCL]

RH1. Now I would like for you to tell me who you have lived with and for how long.**Let's start when you were born.**

Who did you live with when you were first born? How long did you live there? Where did you live next?

Note to interviewer: Continue this line of questioning until you have gathered information on where the youth has lived each year since birth. Fill in the chart below as the youth is describing his/her history of living arrangements. Also note that it is possible to circle an age more than one time if the youth has lived multiple places during that year.

☐	1. Both biological parents	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	2. Biological mother only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	3. Biological father only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	4. Back and forth between mother and father	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	5. Mother and friend/partner/step-father	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	6. Father and friend/partner/step-mother	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	7. Step-mother only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	8. Step-father only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	9. With sibling(s) only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	10. Foster parent(s)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Number of foster placements: _____																				
☐	11. Grandparent(s)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	12. Other relative(s)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	13. Friends' Families	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	14. Group Home	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Number of group home placements: _____																				
☐	15. Adoptive Parent(s)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	16. Boyfriend/girlfriend with children	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	17. Alone with own children	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	18. By yourself	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	19. With boyfriend/girlfriend only	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	20. With friends – share apt./ house/room	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	21. Street	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	22. Detention/Custody Center	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	23. Boarding School	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
☐	24. Other arrangement (please explain below and include ages):																				
	_____	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	_____	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	_____	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	If parent(s) died, please indicate which parent and youth's age: _____	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

RH (Residential History); FH (Family History)

RH2. How many times have you moved throughout your life: _____ times

[Note to interviewer: a move

includes, moves between parents, foster homes, group homes etc. This does NOT include movements between custody centres or into and out of custody centres.]

RH3. How many times have you entered into a custody placement within the juvenile justice system (not including this time)? _____ times [Note to interviewer: this includes time spent on remand as well as post-dispositional stays].

RH4. How many times have you entered into a placement within the mental health system (not including this time)? _____ times

RH5. Who were you living with immediately prior to coming here (*custody, mental health setting, etc*)?
_____ (insert #)

RH6. Where do you plan to live once you are released (*from: custody, mental health setting, etc*)? _____
(insert #)

RH7. What was life like at the place that you spent the most time at and you felt was most like home?

(Who lived there? How did you get along with everyone who lived there?) [PCL]

FH1. Have your parents/guardians visited you in here [SVRY 15, P6]? ☐ NO (0) ☐ YES (1)

If yes, How Often?

FH2. Have you ever gotten into trouble at home ? ☐ NO (0) ☐ YES (1)

If Yes, what for (eg. legal, rule breaking, fighting)? [SVRY 15] [PCL]

FH3. Have you ever been removed from your home? [PCL] [CIHR] ☐ NO (0) ☐ YES (1)

If yes, at what age were you first removed from your home? [PCL] [CIHR] _____ (age)

Can you tell me the reasons that you were removed from home:

FH4. How many times have you been removed from your home? [PCL] [CIHR] _____ (# of times)

FH5. Have you ever chosen to leave home in order to live somewhere else? [PCL] ☐ NO (0) ☐ YES (1)

If Yes, # of times _____

Earliest age: _____ years

Why?

FH6. Have you ever been kicked out of your home? [PCL] [CIHR] ☐ NO (0) ☐ YES (1)

If Yes, # of times _____

Earliest age: _____ years

Why?

ADOLESCENT ATTACHMENT INTERVIEW

SECTION A: RELATIONSHIPS WITH PARENTS AND SIGNIFICANT CAREGIVERS

We ask all the kids we interview about their family, who you've lived with, what it been like for you, and how you think it affects you.

I. LET'S START BY TALKING ABOUT WHO YOU HAVE LIVED WITH.

- a. **Who do you live with now? How long have you lived there? Do you have any sisters/brothers? If so, how old are they? Do they live with you?**
- b. **Can you tell me who you've lived with since you were born?**
 - **refer to the timeline in Module 1 to guide discussion**
 - **Timeline Prompts:** Did your family change between the time you were born and you were in preschool or kindergarten? (i.e., parents separated; change in caregiver etc.; birth of siblings); How about when you were grade one and two? Grades two, three (and so forth).
 - **Primary Caregiver Prompts:** Directly ask about: *biological parents and determine extent of contact; parent's romantic partners (if they assumed parenting role) or formal step-parents, adoptive parents, grandparents, older siblings or relatives who acted as primary caregivers.* In general, primary caregivers will have lived with the child for a period of time, and/or maintained a relationship where the child perceived them to be in a caregiver role (regardless of whether they actually fulfilled this roll).

NOTE: *Parents who have deceased or abandoned the child, or have cared for the child intermittently, should be identified as caregivers and followed up in interview even if caregiver period seems somewhat limited and/or unstable.*

- **Secondary Caregiver Prompts:** **Were there other adults who helped raise you?** If not already mentioned, ask about adults who played important parenting role in their life. Include: grandparents, relatives, foster parents, nannies, relatives. Include mother or fathers romantic partners if they developed a significant but not primary parenting role.
- **Is there anyone else you trust who takes care of you?** (Add as primary or secondary depending on nature of relationship)

<i>List primary caregivers below:</i>	<i>List secondary caregivers below:</i>
1.	1.
2.	2.
3.	3.
4.	4.

NOTE: *Check with child to determine validity of primary and secondary listing.*

"Let's see if I've got this right. You said "X", "X" and... have been most important in bringing you up. You also told me that "X", and "X" were pretty important too. The point of completing the list of primary and secondary caregivers is to ensure that you differentiate those caregivers who were responsible for overseeing the child's wellbeing. Once established, your subsequent questions will focus only on primary caregivers.

II. ASSESSMENT OF SPECIFIC YOUTH-CAREGIVER RELATIONSHIPS:**PRIMARY CAREGIVER 1: _____****a. “Tell me what your relationship with ... is like.”**

PROBE: IF YOUTH SAYS ‘OK OR IT SUCKS’, ASK: “IT WAS... CAN YOU TELL ME A BIT MORE, LIKE WHAT DO YOU DO TOGETHER, WHAT DO YOU THINK ABOUT YOUR RELATIONSHIP?” TRY TO GET AN OVERALL SENSE OF THE QUALITY (GOOD OR BAD) OF THE RELATIONSHIP.

b. “Okay, now help me to really understand what your relationship is like with your parents (caregivers. Let's start with... Try to give me five words that describe what your relationship is like now”.

Try to get at least three. You can always return to this item if youth rejects directed questions here but spontaneously provides information later in the interview.

c. “You said your relationship with ... is So I really understand what you mean, can you give me a specific memory or story about something that happened that shows how your relationship is...?”

Understand instructions

Do not probe more than once to get specificity on a memory or an elaboration. Repeat or clarify instructions if you think the youth does not understand; don’t let youth off the hook too easily – gently but firmly persist by repeating instructions.

d. “Now try to remember when you were a little, like when you were in Grade 1 or 2. Has your relationship with “X” changed for better or worse over time?”

- If the relationship has changed ask: “Try and give me some words that describe how it was when you were little.” (Try to get at least 3 words).
- “You said your relationship with ... was Can you give me a specific memory or story about something that happened that shows how your relationship was ...?”
- Why do you think it’s changed?
- How would you like your relationship with... to be different from how it is now?
- How would you like “X” to be different?
- How do you think “X” would like you to be different?

**REPEAT FOR ALL PRIMARY CAREGIVERS.
COMPLETE TOP RANKED CAREGIVERS FIRST.
GENTLY BUT FIRMLY PERSIST TO EXTENT POSSIBLE.**

III. You've told me quite a lot about your relationships with... now, can you tell me:

- Which parent (caregiver) you're closer to?
- Why are you closer to...?
- Why are you not as close to ...?
- Do you talk about personal concerns?
- Are there things that would be hard to talk to them about.

How about when you were little?

- Who were you closer to?
- Why were you closer to...?
- Why were you not as close to...?

IV. SEPARATIONS: "In the past, have you ever had to be away from your parent (caregiver) for a while, like more than just overnight? Why?" (examples: camp, holidays, hospital, foster care, running away).

- What was that like for you? Did it bother you? Did you miss your parent (caregiver)? Did you worry that bad things may happen to them?
- What do you do? What did your parents do? What did they do when you came home?
- If youth is now separated from parent: "How is it for you now being away from...? Do you miss them? Do you worry that bad things will happen to them?"
- If child is not currently separated ask: "How is it for you to be away from them now?"

V. PARENT AS SAFE HAVEN:**When you get upset about something, for example if you feel really sad:**

- What do you do? (do you cry? Alone or with people?)
- What do your parents (caregivers) do?

(If youth does not spontaneously say they go to their parent, or if they say their parent doesn't know when they're upset, ask: Why don't you tell your parent? What do you think they would do if they knew?)

How about when you were little? Can you remember feeling upset, sad or afraid?

- Can you remember what you would do?
- Do you remember what your parents (caregiver) would do?
- If as child they did not go to caregiver, ask "why not?"

Review the above questions – including current and past probes -- for each of following:

- How about if you're afraid of something or someone...
- If you get sick, like get the flu or a cold or something more serious...
- If you get hurt physically, for example fall or have an accident...
- If someone tries to hurt you or harm you in some way...

Do your parents ever threaten you, like threaten to send you away or kick you out, even if you knew they wouldn't really do it, or they were kidding?

- *Did that ever happen when you were little? How old were you? Did it happen a lot or only once or twice?*
- *Were you ever afraid of your parents?*

VI. Family Rules, Negotiation, and Consequences:

“I want to ask you what the rules are like in your house and what happens when you don't follow them.

- *First, tell me who makes up the rules in your house? Can you sometimes talk to your parents and try to get the rules changed if you don't think they're fair?”*
- *What do your parents do if you don't follow the rules?”*
- *Do they actually follow through when they say there will be consequences?”*
- *Do you think the way they treat you is fair?”*
- *If child has siblings: “Do you think your parent/caregiver has the same rules for you as he/she has for (siblings)? Do you feel they have favorites?”*

VII. Do you feel that your parents love you? How do you know this?

- *Are (or have) either of your parents been) affectionate toward you? Describe how?*
- *Do you feel your parents understand you?*
- *Do you ever feel your parents don't want you or you're a disappointment to them? Tell me about a time or an event that made you feel that way. Why do you think you're parents did that?*
- *How about when you were little? Did you ever feel unwanted or rejected then? Can you recall a specific event? Why do you think you're parents acted that way?*

VIII. Do you feel that your parents respect and value your opinions and values? How do you know this?

- *When you argue with your parent, do they listen to your view and how you see the situation?*
- *Do you feel that what you think and you believe is recognized more by your parents as you get older?*
- *Can you and your parent ever reach a compromise when you disagree?*

IX. Has anyone close to you ever died? Someone you really cared about, that you felt cared about you?

- *How old were you? What happened? How did you feel? How has it affected you? How has that changed over time?*

X. Maltreatment Experiences

STOP: THE FOLLOWING QUESTIONS PROBE ABUSE EXPERINCES. REMEMBER TO RE-STATE LIMITS OF CONFIDENTIALITY.

“I’m going to ask you about some things that have happened to many of kids that I’ve talked to, times when they’ve been hurt by other people. Remember that we can’t keep what you say about this secret, so if you tell me that someone has hurt you, I will have to try and get some help by telling other people. If you don’t feel comfortable with that, it’s okay not to answer these questions if you don’t want to. Okay?”

- Has anyone ever hurt you emotionally, but calling you really bad names a lot and constantly putting you down?
- Has anyone ever hurt you physically, like hit or slapped you, or beat you up, or have they threatened to hurt you?
- Has anyone ever sexually assaulted you, for example, tried to have sex with you or make you do things sexually, or touched you in ways that made you feel really uncomfortable, or made you look at sexual material?

For each of above forms of maltreatment ask:

- Was there someone you felt you could trust to tell about this?
- Did you tell them? If not, why not?
- Were they able to do something to make it stop?

You are legally required to report all new disclosures to a child protection social worker in the Ministry for Children and Families Development. If you are unsure whether the abuse was previously reported, you should make a report. Consult the supervisor on the unit and enter a written note on the child’s file regarding the disclosure and your reporting of it. Your note does not need to include details, but simply records your acknowledgement and actions surrounding the disclosure. You should ensure the staff are aware of any distress the youth may have experienced, or that anticipate they experience, as a result of there reporting of abuse to you.

XI. How do you think the things that have happened to you in your family, with your parents, have influenced you? Like, how do you think they’ve influenced who you are as a person?

- What do you think you’ve learned from all of this?
- From your view, why do you think that your parents brought you up the way they did? Why do they act the way they do now?

XII. Do you think that anything that’s happened has made it hard growing up, or made problems for you in your life?

XIII. How do you see yourself as a person now? What do you think you’ll be like in another five or ten years from now?

Make sure you close the session appropriately, thanking the youth and asking how they feel about what they’ve talked about. If distressed, try to calm them and make sure to connect with staff to provide support. Try to move conversation to other neutral topics, such as hobbies, interests, sports etc. Don’t make your distress their distress!

Below is a list of items that describe kids. For each item please tell me if the statement is: never or not true never or not true of you (0), somewhat or sometimes true of you (1), or often or very true of you (2) <u>now or within the past 6 months.</u>								
Never or Not True of me = 0			Sometimes or Somewhat True of me = 1			Often or Very True of me = 2		
1. I worry that something bad will happen to people that I am close to	☐ 0	☐ 1	☐ 2	31. I become overly upset when I am leaving someone I am close to	☐ 0	☐ 1	☐ 2	
2. I become overly upset while away from someone that I am close to	☐ 0	☐ 1	☐ 2	32. I've gained a lot of weight without trying to	☐ 0	☐ 1	☐ 2	
3. I have a hot temper	☐ 0	☐ 1	☐ 2	33. I interrupt or butt in on others	☐ 0	☐ 1	☐ 2	
4. I get back at people	☐ 0	☐ 1	☐ 2	34. I set fires	☐ 0	☐ 1	☐ 2	
5. I get no pleasure from my usual activities	☐ 0	☐ 1	☐ 2	35. I blame others for my mistakes	☐ 0	☐ 1	☐ 2	
6. I steal from places other than home	☐ 0	☐ 1	☐ 2	36. I avoid being alone	☐ 0	☐ 1	☐ 2	
7. I have difficulty playing quietly	☐ 0	☐ 1	☐ 2	37. I threaten to hurt people	☐ 0	☐ 1	☐ 2	
8. I use weapons when fighting	☐ 0	☐ 1	☐ 2	38. I think about killing myself	☐ 0	☐ 1	☐ 2	
9. I feel overtired	☐ 0	☐ 1	☐ 2	39. I am cranky	☐ 0	☐ 1	☐ 2	
10. I have trouble concentrating and paying attention	☐ 0	☐ 1	☐ 2	40. I have trouble listening	☐ 0	☐ 1	☐ 2	
11. I lie or cheat	☐ 0	☐ 1	☐ 2	41. I am angry and resentful	☐ 0	☐ 1	☐ 2	
12. I interrupt or blurt out the answer to the question too soon	☐ 0	☐ 1	☐ 2	42. I have difficulty following directions or instructions	☐ 0	☐ 1	☐ 2	
13. I deliberately try to hurt or kill myself	☐ 0	☐ 1	☐ 2	43. I have trouble sitting still	☐ 0	☐ 1	☐ 2	
14. I have trouble sleeping	☐ 0	☐ 1	☐ 2	44. I am nervous or tense	☐ 0	☐ 1	☐ 2	
15. I am easily annoyed by others	☐ 0	☐ 1	☐ 2	45. I have nightmares about being abandoned	☐ 0	☐ 1	☐ 2	
16. I can't stay seated when required to do so	☐ 0	☐ 1	☐ 2	46. I do things to annoy others	☐ 0	☐ 1	☐ 2	
17. I worry about being separated from those I am close to	☐ 0	☐ 1	☐ 2	47. I am easily distracted and have difficulty sticking to any activity	☐ 0	☐ 1	☐ 2	
18. I am mean to animals	☐ 0	☐ 1	☐ 2	48. I am mean to others	☐ 0	☐ 1	☐ 2	
19. I have trouble making decisions	☐ 0	☐ 1	☐ 2	49. I talk too much	☐ 0	☐ 1	☐ 2	
20. I jump from one activity to another	☐ 0	☐ 1	☐ 2	50. I physically attack people	☐ 0	☐ 1	☐ 2	
21. I feel too guilty	☐ 0	☐ 1	☐ 2	51. I feel worthless or inferior	☐ 0	☐ 1	☐ 2	
22. I am unhappy, sad or depressed	☐ 0	☐ 1	☐ 2	52. I argue a lot	☐ 0	☐ 1	☐ 2	
23. I steal at home	☐ 0	☐ 1	☐ 2	53. I avoid school and stay home	☐ 0	☐ 1	☐ 2	
24. I have lost a lot of weight without trying to	☐ 0	☐ 1	☐ 2	54. I sleep more than most kids during the day and/or night	☐ 0	☐ 1	☐ 2	
25. I cut classes or skip school	☐ 0	☐ 1	☐ 2	55. I blame others for my mistakes	☐ 0	☐ 1	☐ 2	
26. I've broken into someone else's house, building or car	☐ 0	☐ 1	☐ 2	56. I have difficulty waiting my turn in games or groups	☐ 0	☐ 1	☐ 2	
27. I fidget	☐ 0	☐ 1	☐ 2	57. I lose things	☐ 0	☐ 1	☐ 2	
28. I am scared to go to sleep without my parents nearby	☐ 0	☐ 1	☐ 2	58. I feel sick when being separated from those that I am close to	☐ 0	☐ 1	☐ 2	
29. I have no interest in my usual activities	☐ 0	☐ 1	☐ 2	59. I am defiant and talk back to people	☐ 0	☐ 1	☐ 2	
30. I don't have much energy	☐ 0	☐ 1	☐ 2	 OCHS-YSR				

Each of the items below describes things that adolescents sometimes ask or do. Please imagine that you are in each situation and answer the following questions.

1. Your boyfriend/girlfriend has plans to go out with friends tonight, but you really want to spend the evening with him/her, and you tell him/her so.

a) How **angry** would you be imagining that he or she might **not** willingly choose to stay with you?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she might **not** willingly choose to stay with you?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

2. You ask your boyfriend/girlfriend if he/she really loves you.

a) How **angry** would you be imagining that he or she might **not** answer you directly or honestly?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she might **not** answer you directly or honestly?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

3. You call your boyfriend/girlfriend after a bad argument and tell him/her you want to see him/her.

a) How **angry** would you be imagining that he or she might **not** want to see you?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she might **not** want to see you?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

4. Your close friend has plans to go out with another group of people but you would rather go out alone with him/her.

a) How **angry** would you be at imagining that he or she would **not** willingly chose to stay with you?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she would **not** willingly chose to stay with you?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

5. You are worried that your relationship with a close friend is falling apart and you would like talk to him/her about it.

a) How **angry** would you be imagining that he or she might **not** want to talk about it?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she might **not** want to talk about it?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

6. You and your close friend have a bad argument and you call him/her to talk about it?

a) How **angry** would you be imagining that he or she might **not** want to talk about it?

☐ Not at all angry ☐ Somewhat angry ☐ Very Angry ☐ Extremely Angry

b) How **nervous** would you be imagining that he or she might **not** want to talk about it?

☐ Not at all nervous ☐ Somewhat nervous ☐ Very nervous ☐ Extremely nervous

Please circle the number that tells how often you fantasize or daydream about the following things. Do *not* answer in terms of how often you actually do these things, but how often you think about or imagine doing them.

	Almost Never	Once a month or less	A few times a month	Many times a week	Once a day or more
1. How often do you fantasize or daydream about getting even with people who have angered you?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. How often do you fantasize about saying cruel things to people and calling them mean names?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. How often do you imagine or daydream about attacking someone with the idea of seriously hurting or killing that person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. How often do you imagine or daydream about hurting or killing yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. How often do you think about damaging or destroying property that does not belong to you?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. How often do you think about saying things to ruin someone's reputation so that others won't like that person anymore?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. How often do you make plans to attack people or beat them up with the idea of seriously hurting or killing them?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. How frequently do you search your mind for ways to hurt or kill yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. When you are angry at people, how often do you make plans for getting revenge?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Rate how much each of the following statements describes you. You can answer that the statement is **"Not at all true", "Somewhat true", "Mostly True" or "Completely True" of you.**

I'm the kind of person who:	Not at all true	Somewha t True	Mostly True	Completel y True
1. often fights with others.	☐ 1	☐ 2	☐ 3	☐ 4
2. hits, kicks, or punches others.	☐ 1	☐ 2	☐ 3	☐ 4
3. puts others down.	☐ 1	☐ 2	☐ 3	☐ 4
4. tells my friends to stop liking someone.	☐ 1	☐ 2	☐ 3	☐ 4
5. keeps others from being in my group of friends.	☐ 1	☐ 2	☐ 3	☐ 4
6. says mean things about others.	☐ 1	☐ 2	☐ 3	☐ 4
7. ignores others or stops talking to them.	☐ 1	☐ 2	☐ 3	☐ 4
8. gossips or spreads rumors.	☐ 1	☐ 2	☐ 3	☐ 4
I often:				
9. tell my friends to stop liking someone to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
10. keep others from being in my group of friends to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
11. threaten others to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
12. hit, kick, or punch others to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
To get what I want, I often:				
13. I often ignore or stop talking to others.	☐ 1	☐ 2	☐ 3	☐ 4
14. I often gossip or spread rumors about others.	☐ 1	☐ 2	☐ 3	☐ 4
15. put others down.	☐ 1	☐ 2	☐ 3	☐ 4
16. say mean things to others.	☐ 1	☐ 2	☐ 3	☐ 4
17. hurt others.	☐ 1	☐ 2	☐ 3	☐ 4
18. When I'm hurt by someone, I often fight back.	☐ 1	☐ 2	☐ 3	☐ 4
19. When I'm threatened by someone, I often threaten back.	☐ 1	☐ 2	☐ 3	☐ 4
20. If others have angered me, I often hit, kick or punch them.	☐ 1	☐ 2	☐ 3	☐ 4
21. If others make me mad or upset, I often hurt them.	☐ 1	☐ 2	☐ 3	☐ 4
22. If others upset or hurt me, I often tell my friends to stop liking them.	☐ 1	☐ 2	☐ 3	☐ 4
23. If others have hurt me, I often keep them from being in my group of friends.	☐ 1	☐ 2	☐ 3	☐ 4
24. When I am upset with others, I often ignore or stop talking to them.	☐ 1	☐ 2	☐ 3	☐ 4
25. When I am mad at others, I often gossip or spread rumors about them.	☐ 1	☐ 2	☐ 3	☐ 4

Now I am going to ask you some questions about activities that you may have been involved in at some point in your life.  Interviewer Assisted

Have you ever:

1. Driven while drunk or high?

☐ No (0)

☐ Yes (1)

If **yes** answer the following:

a) What is the first age that you drove while drunk or high? _____ years

b) When the last time that you drove while drunk or high?:

☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months

c) How many times in the last **6 months** have you driven while drunk or high? _____

2. Sold marijuana, pot or hashish?

☐ No (0)

☐ Yes (1)

If **yes** answer the following:

2.1 Where did you sell marijuana, pot or hash?

☐ At Home

☐ At School

☐ On the street

☐ In Custody

☐ Other: _____

a) What is the first age that you sold marijuana, pot or hashish? _____ years

b) When the last time that you sold marijuana, pot or hashish?:

☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months

c) How many times in the last **6 months** have you sold marijuana, pot or hashish? _____

3. Sold hard drugs (other than pot), such as heroin, cocaine, acid or others?

☐ No (0)

☐ Yes (1)

If **yes** answer the following:

3.1. Where did you sell hard drugs?

☐ At Home

☐ At School

☐ On the street

☐ In Custody

☐ Other: _____ (specify)

a) What is the first age that you Sold hard drugs (other than pot), such as heroin, cocaine, acid or others?: _____ years

b) When the last time that you Sold hard drugs (other than pot), such as heroin, cocaine, acid or others?:

☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months

c) How many times in the last **6 months** have you Sold hard drugs (other than pot), such as heroin, cocaine, acid or others? _____

4. Broken or tried to break into a building, or vehicle to steal something?☐ No (0)☐ Yes (1)If **yes** answer the following:**a) What is the first age that you broke into a building to steal something?:** _____ years**b) When the last time that you broke into a building to steal something?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you broke into a building to steal something?** _____**5. Stolen or tried to steal a motor vehicle such as a car or a motor cycle to keep or sell?**☐ No (0)☐ Yes (1)If **yes** answer the following:**a) What is the first age that you stole a motor vehicle such as a car or a motor cycle to keep or sell?:** _____ years**b) When the last time that you stole a motor vehicle such as a car or a motor cycle to keep or sell?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you stole a motor vehicle such as a car or a motor cycle to keep or sell?** _____**6. Encouraged other young people to harm a person that you didn't like?**☐ No (0)☐ Yes (1)If **yes** answer the following:**6.1. Where did you encourage other young people to harm a person that you didn't like?**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you encouraged other young people to harm a person that you didn't like?:** _____ years**b) When the last time that you encouraged other young people to harm a person that you didn't like?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you encouraged other young people to harm a person that you didn't like?****7. Carried a gun?**☐ No (0)☐ Yes (1)If **yes** answer the following:**7.1. Where did you carry a gun?**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you carried a gun?:** _____ years**b) When the last time that you carried a gun?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you carried a gun?** _____

9. Used a weapon to get money or things from people?☐ No (0)☐ Yes (1)If **yes** answer the following:**9.1. Where did you use a weapon get money or things from people?**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you used a weapon get money or things from people?:** _____years**b) When the last time that you Used a weapon get money or things from people?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you used a weapon get money or things from people?** _____**10. Used a weapon (stick, knife, gun, rocks) while fighting with another person?**☐ No (0)☐ Yes (1)If **yes** answer the following:**10.1 Where did you use a weapon (stick, knife, gun, rocks) while fighting with another person?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you Used a weapon (stick, knife, gun, rocks) while fighting with another person?:** _____years**b) When the last time that you Used a weapon (stick, knife, gun, rocks) while fighting with another person?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you Used a weapon (stick, knife, gun, rocks) while fighting with another person?** _____**11. Participated in gang activity?**☐ No (0)☐ Yes (1)If **yes** answer the following:**11.1. Where did you participate in gang activity?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you participated in gang activity?:** _____years**b) When the last time that you participated in gang activity?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you participated in gang activity?** _____

12. Been in a fistfight?☐ No (0)☐ Yes (1)If **yes** answer the following:**12.1. Where did you get into a fistfight?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you were in a fistfight?:** _____ years**b) When the last time that you were in a fistfight?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you been in a fistfight?** _____**d) During the past 6 months, who did you fight with the most?** (check all that apply)☐ A total stranger☐ A boyfriend, girlfriend, or date☐ A friend or someone I know☐ A parent, brother, sister, or other family member☐ Someone not listed above, Specify: _____**f) Generally, what is your reason for fighting?**

g) Were you ever under the influence of drugs or alcohol when you had these fights (SVRY 19): ☐ NO (0) ☐ YES (1)

If Yes, explain:

13. Attacked someone with the idea of seriously hurting or killing that person?☐ No (0)☐ Yes (1)If **yes** answer the following:**13.1. Where did you attack someone with the idea of seriously hurting or killing that person?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you attack someone with the idea of seriously hurting or killing that person?:** _____ years**b) When the last time that you attack someone with the idea of seriously hurting or killing that person?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you attacked someone with the idea of seriously hurting or killing that person?**

14. Shot at someone?☐ No (0)☐ Yes (1)If **yes** answer the following:**14.1 Where did you shoot at someone?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)If **yes** answer the following:**a) What is the first age that you shot at someone?:** _____ years**b) When the last time that you shot at someone?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you shot at someone?** _____**15. Paid someone to have sexual relations with you?**☐ No (0)☐ Yes (1)If **yes** answer the following:**15.1. Where did you pay someone to have sexual relations with you?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you paid someone to have sexual relations with you?:** _____ years**b) When the last time that you Paid someone to have sexual relations with you?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you paid someone to have sexual relations with you?** _____**d) How many times in the last year have you paid someone to have sexual relations with you?** _____**16. Been paid to have sexual relations with someone?**☐ No (0)☐ Yes (1)If **yes** answer the following:**16.1. Where were you paid to have sexual relations with someone?:**☐ At Home☐ At School☐ On the street☐ In Custody☐ Other: _____ (specify)**a) What is the first age that you were paid to have sexual relations with someone?:** _____ years**b) When the last time that you were paid to have sexual relations with someone?:**☐ 30 days ☐ 1-3 months ☐ 4-6 months ☐ greater than 6 months**c) How many times in the last 6 months have you been paid to have sexual relations with someone?** _____**d) How many times in the last year have you been paid to have sexual relations with someone?** _____

Please check how often you do the following things *when you are angry*.

<i>When I am angry:</i>		Never	Almost Never	Some- times	Almost Always	Always
1.	I keep thinking about past experiences that have made me angry.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2.	I have difficulty getting myself to stop thinking about how angry I am.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3.	I keep thinking about the reasons for my anger.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.	When I think about my anger, I become more upset.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5.	I get absorbed in thinking about why I am angry and find it difficult to think about other things.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6.	I search my mind for events or experiences in my past that may help me understand my angry feelings.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7.	When something makes me angry, I turn this matter over and over again in my mind.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8.	I tire myself out by thinking so much about myself and the reasons for my anger.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9.	Whenever I feel angry, I keep thinking about it for a while.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10.	I think about certain events from the past and they still make me angry.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11.	When I am angry, the more I think about it the angrier I feel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5



RI-A

Please answer the following questions about your relationships:



Please ensure that the youth is referring to the primary caregivers identified previously.

Use this scale:

ALMOST NEVER OR NEVER TRUE 1	NOT VERY OFTEN TRUE 2	SOMETIMES TRUE 3	OFTEN TRUE 4	ALMOST ALWAYS OR ALWAYS TRUE 5
--	-------------------------------------	--------------------------------	------------------------	--

1. I feel capable of doing things without help from my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5

2. I manage my time without help from my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5

3. I think it's okay that my _____ and I disagree on some things.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5

4. My _____'s opinion of me changes the way I feel about myself.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5

5. I try to think the same way as my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5

6. I am comfortable knowing that my opinions will sometimes differ from those of my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
Friends	1	2	3	4	5



ACR

TRACKING SHEET

ID Number # _ _ _ - _ _ _ _

In order for us to contact you in the future I am going to need to gather a couple of pieces of information from you.

First, where will you be 6 months from now [Interviewer use the month that this will fall on]: _____

What is the address there: _____ and Phone number: _____

--	--	--	--	--	--	--	--	--	--

Now I would like to get the names of 3 people who would know how to get a hold of you.

First, is there someone that you live with that would know where you are: ☐ NO ☐ YES

What is his/ her name? _____

What is his/her address: _____ and Phone number: _____

--	--	--	--	--	--	--	--	--	--

Do you have another relative that would know where to reach you? ☐ NO ☐ YES

Who is that relative? _____

What is his/her address: _____ and Phone number: _____

--	--	--	--	--	--	--	--	--	--

Finally, do you have a friend that would know how to get a hold of you? ☐ NO ☐ YES

Who is that friend? _____

What is his/her address: _____ and Phone number: _____

--	--	--	--	--	--	--	--	--	--

Probation Officers Name: _____

Office that Probation Officer Works From: _____

BC Health Number (SEE ALSO TRACKING SHEET) _____

Note to Interviewer: At this point set up at time to administer Module 2 and Module 3. Also be sure to collect the tracking information below that will be required for follow up of the youth.

MODULE II

DIAGNOSTIC INTERVIEW (DICA) & SELF-REPORT MEASURES

ID Number #	_____ - _____
Date of Interview	____ / ____ / ____ DD MM YY
Interviewer ID #	_____
Location:	☐ Youth Forensics - IAU (01) ☐ Youth Forensics – OPD (02) ☐ Burnaby Youth Secure Custody (03) ☐ Burnaby Specialized Unit(Co-ed) (04) ☐ Burnaby Open Custody Unit (05) ☐ Culpeper Correctional Facility (06) ☐ Community – Virginia (07) ☐ Maples Community (08) ☐ Maples Residential (09)

Diagnostic Interview for Children and Adolescents (DICA-IV)

Computer Adapted Version

SUMMARY FORM TO BE COMPLETED BY INTERVIEWER



RECORD ANY REFUSED ITEMS, PROGRAM CRASHES, OTHER PROBLEMS HERE

	ITEMS REFUSED	OTHER PROBLEMS	Completed ✓
ADHD			
CD			
ODD			
Alcohol			
Marijuana			
Street Drugs			
Inhalants			
MDD			
SAD			
GAD			
PTSD			
OBSERVATIONS (complete after you end session with youth)	N/A		

ADMINISTER ALL MODULES AND END AT PTSD. WHEN YOU REACH PTSD BEGIN WITH THE LIFE EVENTS CHECKLIST AND COMPLETE COMPUTERIZED MODULE OF PTSD IF TRAUMA IS IDENTIFIED.

Listed below are things that sometimes happen to people. I'll read this aloud and together let's mark the boxes that describe things you've lived through or seen. For each event let's check one or more of the boxes to show if the events: (a) happened to you; (b) you saw it happen to someone else; (c) you learned about it happening to someone close to you; (d) you're not sure if it fits; or (e) it never happened to you or anyone close to you. Be sure to think about your whole life growing up as you go through the list of events.

Event	Happened to me	Saw it	Heard / Learned about it	Not Sure	Never
1. Disaster (for example, a flood, hurricane, tornado, or earthquake)					
2. Fire or explosion					
3. Vehicle accident (for example, car, bus, truck, or boat accident; train wreck or plane crash)					
4. Bad accident at school, home or while playing					
5. Being near dangerous chemicals, leaking gas, or radiation; being made sick from poison					
6. Being slapped, kicked, hit, bit, attacked, or beaten up					
7. Being attacked with a weapon, (for example, belt, bottles, knife, gun, or bomb); or being told you would be hurt with a weapon (but you weren't hurt after all).					
8. Someone touching your body in a way you didn't want to be touched; being made to touch someone's body; someone saying or trying to touch your body (but the touching has never happened)					
9. Living in an area where there was fighting in the streets or a war going on.					
10. Not having enough food, water, clothing; not having a home; being left alone for many days without food or anyone to take care of you;					
11. Being near dying, hungry, or homeless, people; being around kids without any adults to care for them;					
12. Being forced to stay someplace against your wishes (kidnapping, being stolen)					
13. Illness or injury that might have caused death					
14. Violent death or dead bodies					
15. Death of someone close to you					
16. Badly hurting someone on purpose or by accident					
17. Any other bad or scary event or experience or time you thought your life was in danger.					

If no events endorsed on LIFE EVENTS CHECKLIST, and youth says no to item 1 (probes):

18. *What about a time when you were threatened or almost hurt, but nothing bad happened in the end?*

19. *What about seeing something like this happen to someone else or finding out that it happened to someone close to you?*

20. *What would you say are some of the worst things that you have gone through in your life?*

If no events named still, end this interview.

If yes, identify target event:

21. Tell me more about _____. If there is more than one thing, can you tell me about the worst one? (DICA) Describe: (e.g., age, event type, victim/perpetrator, frequency) Age: ____ <i>Probes [EVENT]:</i> <i>Who was there? Was Somebody hurt? Did anyone die?</i>	Life threat? NO YES [self____ other ____] Serious Injury? NO YES [self____ other ____] Threat to physical integrity? NO YES [self____ other ____]
--	---

Now, I'm going to ask you some questions about how you feel about that event. I'll ask these questions so I can learn more about the things that have happened to you, and learn how you felt and what you thought about them.

BEGIN PTSD COMPUTERIZED MODULE TARGETING THIS EVENT.

Please answer the following set of questions for the <i>past month</i> and <i>ever in your lifetime</i> .	Past month?		Ever in your life?		
	No (0)	Yes (1)	No (0)	Yes (1)	Age Range
1. Has it seemed that everything in your life was going wrong and that nothing would ever be alright again?	☐	☐	☐	☐	
2. Have you wished that you were dead?	☐	☐	☐	☐	
3. Have you thought about killing yourself?	☐	☐	☐	☐	
4. Have you made a plan about how you would kill yourself?	☐	☐	☐	☐	
<i>If plans and future risk are unclear may prompt:</i>					
5. Can you tell me about what your plans were/are? When would you do that? Where would you get ____?					

	Past month?		Ever in your life?		
	No (0)	Yes (1)	No (0)	Yes (1)	Age
6. Have you tried to kill yourself?	☐	☐	☐	☐	
<i>If attempts are unclear may prompt:</i>					
7. Can you tell me about how you tried to kill yourself? Who was there or found you? _____					
8. What happened (e.g., hospitalized; sent to counselling; just woke up on own etc.)? _____					

9. <i>If yes, ask:</i> How many times have you tried to kill yourself? _____					
10. <i>If more than 10 times:</i> How often have you tried this? 1 2 3 4					
1-2x/ month 1-2x/week > 3x/week Daily					
11. Have you ever done anything on purpose to hurt yourself but not necessarily to kill yourself? (<i>Let youth answer first, then provide examples like burning yourself with cigarettes, cutting yourself</i>)	Past month?		Ever in your life?		
	No (0)	Yes (1)	No (0)	Yes (1)	Age
	☐	☐	☐	☐	_____
12. <i>If no, ask:</i> Have you ever done anything, maybe by accident, that could have gotten you killed? Were you thinking at the time this could maybe kill you? If you had realized that it was really dangerous, would you have kept on doing it? (<i>looking for impulsive acts that youth might regret and won't mention otherwise as intentional self-harm</i>)					

c) <i>If yes to 11 or 12 above, ask:</i> How many times? _____					
<i>If more than 10 times:</i> How often have you tried this? 1 2 3 4					
1-2x/ month 1-2x/week > 3x/week Daily					

For each of the following statements, answer True or False based on how the item describes you.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you often become frantic when you thought that someone you really cared about was going to leave you? | ☐ YES | ☐ NO |
| 2. Do your relationships with people you really care about have lots of extreme ups and downs? | ☐ YES | ☐ NO |
| 3. Have you all of a sudden changed your sense of who you are and where you are headed? | ☐ YES | ☐ NO |
| 4. Does your sense of who you are often change dramatically? | ☐ YES | ☐ NO |
| 5. Are you different with different people or in different situations, so that you sometimes don't know who you really are? | ☐ YES | ☐ NO |
| 6. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on? | ☐ YES | ☐ NO |
| 7. Have you often done things impulsively? | ☐ YES | ☐ NO |
| 8. Have you tried to hurt or kill yourself or threatened to do so? | ☐ YES | ☐ NO |
| 9. Have you ever cut, burned, or scratched yourself on purpose? | ☐ YES | ☐ NO |
| 10. Do you have a lot of sudden mood changes? | ☐ YES | ☐ NO |
| 11. Do you often feel empty inside? | ☐ YES | ☐ NO |
| 12. Do you often have temper outbursts or get so angry that you lose control? | ☐ YES | ☐ NO |
| 13. Do you hit people or throw things when you get angry? | ☐ YES | ☐ NO |
| 14. Do even little things get you very angry? | ☐ YES | ☐ NO |
| 15. When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out? | ☐ YES | ☐ NO |

Please check how often you do the following things *when you are sad*.

<i>When I am sad, down, or feeling blue...</i>	Never	Almost Never	Some- times	Almost Always	Always
1. I keep thinking about past experiences that have made me sad.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. I have difficulty getting myself to stop thinking about how sad I am.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. I keep thinking about the reasons for my sadness.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. When I think about my sadness, I become more upset.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. I get absorbed in thinking about why I am sad and find it difficult to think about other things.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. I search my mind for events or experiences in my past that may help me understand my sad feelings.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. When something makes me sad, I turn this matter over and over again in my mind.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. I tire myself out by thinking so much about myself and the reasons for my sadness.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Whenever I feel sad, I keep thinking about it for a while.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. I think about certain events from the past and they still make me sad.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. When I am sad, the more I think about it the sadder I feel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Read each statement carefully and circle the number that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement

Never Seldom Some
-times Often Always

When I do Something Wrong:

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I feel so ashamed I just want to crawl into a hole so that no one notices me | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. I feel so ashamed because I am sure that everyone can see that I have problems | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. I feel so ashamed that I try not to be noticed so that no one will see just what a bad person I am | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. I feel so guilty and try to think of what I could do to make up for it | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. I feel guilty because I know I shouldn't break rules or laws | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 6. I feel guilty because I know there will be consequences for breaking rules or laws | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

 Interviewer Assisted

Read each item. Circle the answer that best describes whether and how much this has happened in your relationship with your mother, father and other adults in your life (e.g., grandparent, step-parent, foster parent, god parent, teacher, friend's parent), please answer that too. Please write in that other adult's relationship to you in the space provided.

Before you start, please specify who you are rating as mother and father:

Mother: circle one: natural, adoptive, step, foster, other _____

Father: circle one: natural, adoptive, step, foster, other _____



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

Circle "0" if it never happened . Circle "1" if it happened a few times . Circle "2" if it happened sometimes . Circle "3" if it happened often or very often .	Parent	Other Adult (please identify relationship)
1. Showed you affection (for example, hugged you, said "I love you").	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
2. Kept your home clean.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
3. Threatened to stop loving you	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
4. Beat up his/her partner.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
5. Spent time with you in recreational or fun activities.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
6. Spanked you very strongly.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
7. Told you that you were a burden, were unwanted (for example, said "I wish you were never born").	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
8. Threw something at his/her partner.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
9. Offered comfort and reassurance to you when you were upset.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
10. Provided proper supervision for you when he/she was absent (for example, got a babysitter)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
11. Made sure you got proper medical attention (for example, took you to the doctor when you were sick, gave you medicine when you needed it, etc.).	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
12. Threatened his/her partner with a gun.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
13. Encouraged or helped you to do things with other kids your age (e.g., let you play with them, let you join clubs or sports teams).	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
14. Exposed you to criminal activities or things that were "wrong" (for example, taking drugs, breaking into houses)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3

Circle "0" if it never happened. Circle "1" if it happened a few times. Circle "2" if it happened sometimes. Circle "3" if it happened often or very often.	Parent	Other Adult (please identify relationship)
15. Fed you properly (for example, well balanced meals, enough to eat, etc.)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
16. Spoke to you in a very hostile, critical, or sarcastic tone of voice.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
17. Was unpredictable in the way they punished you, in such a way that you didn't know why or when you would be punished.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
18. Hit, punched or kicked you.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
19. Generally paid attention to you (for example, listened when you said something).	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
20. Put down or said bad or insulting things about someone you cared about (for example, your other parent or your friends, etc.)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
21. Had regular household routines (for example, a set time for dinner, curfew, etc.)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
22. Threw you against something.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
23. Threatened to abandon you or have you taken away.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
24. Pushed, grabbed, or shoved his/her partner.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
25. Insulted you, put you down (for example, called you stupid, lazy, worthless) or called you names (for example, slut or bastard).	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
26. Helped you with things that were important to you (for example, homework, sports, etc.)	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
27. Destroyed or threatened to destroy something you valued.	Mother 0 1 2 3 Father 0 1 2 3	Who else? _____ 0 1 2 3
28. Sexually assaulted you or made you be involved in unwanted sexual experiences. If yes to this question, please see next page.	Mother 0 1 2 3 Father 0 1 2 3	Another adult. _____ 0 1 2 3

You have indicated that you have experienced unwanted sexual experiences or sexual assault. The following questions ask you more explicit and specific questions about your experiences. You are not required to answer the questions if you do not wish to do so.

Has someone five years or older than you ever:

1. ... made you view sexually explicit material? ☐ NO (0) ☐ YES (1)

If yes answer the following:

1.1) Was this person a *family member, relative, friend of family, romantic partner, stranger, etc.*)

1.2) How old were you when you this first happened? _____ years old

1.3) When was the last time this happened? _____ years old

1.4) How many times has this happened within the past 6 months? _____

2. ...engaged in unwanted sexual touching of you? ☐ NO (0) ☐ YES (1)

If yes answer the following:

2.1) Was this person a *family member, relative, friend of family, romantic partner, stranger, etc.*)

2.2) How old were you when you this first happened? _____ years old

2.3) When was the last time this happened? _____ years old

2.4) How many times has this happened within the past 6 months? _____

3. ...made you participate in pornography: ☐ NO (0) ☐ YES (1)

If yes answer the following:

3.1) Was this person a *family member, relative, friend of family, romantic partner, stranger, etc.*)

3.2) How old were you when you this first happened? _____ years old

3.3) When was the last time this happened? _____ years old

3.4) How many times has this happened within the past 6 months? _____

4. ... forced you to participate in the sex trade: ☐ NO (0) ☐ YES (1)

If yes answer the following:

4.1) Was this person a *family member, relative, friend of family, romantic partner, stranger, etc.*)

4.2) How old were you when you this first happened? _____ years old

4.3) When was the last time this happened? _____ years old

4.4) How many times has this happened within the past 6 months? _____

5. ...forced you to engage in sexual intercourse (including vaginal, anal and oral sex) ☐ NO (0) ☐ YES (1)

If yes answer the following:

5.1) Was this person a *family member, relative, friend of family, romantic partner, stranger, etc.*)

5.2) How old were you when you this first happened? _____ years old

5.3) When was the last time this happened? _____ years old

5.4) How many times has this happened within the past 6 months? _____

For each of the following statements, answer True or False based on how the item describes you.

- | | | |
|--|-------------------------------|--------------------------------|
| 1. Some people think of me as a bit conceited | ☐ TRUE | ☐ FALSE |
| 2. I like the way I look | ☐ TRUE | ☐ FALSE |
| 3. I don't care much what other kids think of me | ☐ TRUE | ☐ FALSE |
| 4. I don't see anything wrong with using others to get what I want | ☐ TRUE | ☐ FALSE |
| 5. I am a dramatic and showy type of person | ☐ TRUE | ☐ FALSE |
| 6. I think I have a good body | ☐ TRUE | ☐ FALSE |
| 7. I make friends easily | ☐ TRUE | ☐ FALSE |
| 8. I have talents that other kids wish they had | ☐ TRUE | ☐ FALSE |
| 9. Almost anything I try comes easy to me | ☐ TRUE | ☐ FALSE |
| 10. I like being the centre of attention. | ☐ TRUE | ☐ FALSE |
| 11. I can charm people into giving me almost anything I want | ☐ TRUE | ☐ FALSE |
| 12. I will make fun of someone in a group just to put them down | ☐ TRUE | ☐ FALSE |
| 13. I am very mature for my age. | ☐ TRUE | ☐ FALSE |
| 14. In many ways I feel very superior to most people my age | ☐ TRUE | ☐ FALSE |
| 15. I would rather be a leader than a follower | ☐ TRUE | ☐ FALSE |
| 16. I like having power over other people | ☐ TRUE | ☐ FALSE |
| 17. I find it easy to control other people | ☐ TRUE | ☐ FALSE |
| 18. I can read people like a book | ☐ TRUE | ☐ FALSE |
| 19. Sometimes I think people are jealous of me | ☐ TRUE | ☐ FALSE |
| 20. I like to talk about myself. | ☐ TRUE | ☐ FALSE |
-

The following statements ask about your **thoughts and feelings** in a variety of situations. For each item, indicate **how well it describes you** by circling the appropriate number on the scale at the top of the page: 1, 2, 3 or 4. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly as you can.

1. Does **NOT** describe me well 2 Describes me a **LITTLE BIT** 3 Describes me **FAIRLY WELL** 4 Describes me **VERY WELL**

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I often have tender, concerned feelings for people less fortunate than me. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 2. I sometimes find it difficult to see things from the "other guy's" point of view. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 3. Sometimes I don't feel very sorry for other people when they are having problems. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 4. I try to look at everybody's side of a disagreement before I make a decision. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 5. When I see someone being taken advantage of, I feel kind of protective towards them. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 6. I sometimes try to understand my friends better by imagining how things look from their perspective. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 7. Other people's misfortunes do not usually disturb me a great deal. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 8. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 9. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 10. I am often quite touched by things that I see happen. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 11. I believe that there are two sides to every question and try to look at them both. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 12. I would describe myself as a pretty soft-hearted person. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 13. When I'm upset at someone, I usually try to "put myself in their shoes" for a while. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 14. Before criticizing somebody, I try to imagine how I would feel if I were in their place. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

MODULE III

PCL-YV/SAVRY & SELF-REPORT SURVEYS

ID Number # ____ ____ - ____ ____

Date of Interview ____ / ____ / ____

DD

MM

YY

Interviewer ID # ____ ____

Location:

- | | |
|--|------|
| ☐ Youth Forensics - IAU | (01) |
| ☐ Youth Forensics – OPD | (02) |
| ☐ Burnaby Youth Secure Custody | (03) |
| ☐ Burnaby Specialized Unit(Co-ed) | (04) |
| ☐ Burnaby Open Custody Unit | (05) |
| ☐ Culpeper Correctional Facility | (06) |
| ☐ Community – Virginia | (07) |
| ☐ Maples Community | (08) |
| ☐ Maples Residential | (09) |

S Circle the answer that best describes your relationships with your mother, father and your friends in general. Before you begin, indicate who you are rating as your mother and father:



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

Mother: circle one: natural, adoptive, step, foster, other _____

Father: circle one: natural, adoptive, step, foster, other _____

NO		Neutral				YES	
Disagree						Agree	
Strongly	2	3	4	5	6	Strongly	7
1							

1. I find it hard to depend on my:

a) Mother	1	2	3	4	5	6	7
b) Father	1	2	3	4	5	6	7
c) My friends	1	2	3	4	5	6	7

2. I usually discuss my problems and concerns with my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

3. I don't mind asking my _____ for comfort, advice or help.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

4. I worry that my _____ won't care about me as much as I care about them.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

5. I worry about being abandoned or rejected by my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

6. I need a lot of reassurance that my _____ loves or cares about me.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

7. I would rather take care of myself than depend on my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

8. I do not need my _____ to take care of me.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

NO				Neutral			YES
Disagree							Agree
Strongly	2	3	4	5	6		Strongly
1						7	7

9. I rely on myself, not my _____, to solve my problems.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

10. If I can't get my _____ to pay attention to me, I get angry or upset.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

11. I often have to get angry to get my _____ attention.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

12. I get frustrated if my _____ is not around when I need them.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

13. I have very mixed feelings about my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

14. Often I'm not sure how I feel about my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

15. My feelings about my _____ seem to change a lot.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

16. I have learned through bitter experience not to trust my _____.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

17. Even if I'm upset, I make sure I don't show my _____ how I feel about them.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

18. It really doesn't bother me when my _____ is (are) upset with me.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

NO	Neutral					YES
Disagree						Agree
Strongly	2	3	4	5	6	Strongly
1						7

19. I used to care about my _____, but I make sure not to care anymore.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

20. Talking with my _____ about my feelings usually helps me to understand myself better.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

21. My _____ helps to calm me down when I get upset.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

22. Telling my _____ that I'm upset only makes things worse.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

23. My _____ doesn't want to hear about my problems.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

24. My _____ gets mad at me if I tell them about my problems.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

25. My _____ is too busy with their own problems to help me with mine.

Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
My friends	1	2	3	4	5	6	7

Circle the answer that best describes you (circle ONE answer for each question):

Question:	A LOT like me	A LITTLE like me	NOT like me
1. I have a hard time controlling my feelings.	☐ 0	☐ 1	☐ 2
2. It's very hard for me to calm down when I get upset	☐ 0	☐ 1	☐ 2
3. My feelings just take over me and I can't do anything about it.	☐ 0	☐ 1	☐ 2
4. When I get upset, it takes a long time for me to get over it.	☐ 0	☐ 1	☐ 2
5. Thinking about why I have different feelings helps me to learn about myself.	☐ 0	☐ 1	☐ 2
6. Thinking about why I act in certain ways helps me to understand myself.	☐ 0	☐ 1	☐ 2
7. The time I spend thinking about what's happened to me in my life helps me to understand myself.	☐ 0	☐ 1	☐ 2
8. If I think about my feelings, it just makes everything worse.	☐ 0	☐ 1	☐ 2
9. I try hard not to think about my feelings.	☐ 0	☐ 1	☐ 2
10. It's best to keep feelings in control and not to think about them.	☐ 0	☐ 1	☐ 2
11. I keep my feelings to myself.	☐ 0	☐ 1	☐ 2
12. I try to do other things to keep my mind off how I feel.	☐ 0	☐ 1	☐ 2

The following statements describe people's feelings. For each statement, please mark whether you strongly agree, agree , disagree, or strongly disagree.

1. On the whole, I am satisfied with myself	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
2. At times, I think I am no good at all	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
3. I feel that I have a number of good qualities	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
4. I am able to do things as well as most people	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
5. I feel I do not have much to be proud of	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
6. I certainly feel useless at times	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
7. I feel that I am a person of worth, at least on an equal level with others	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
8. I wish I could have more respect for myself	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
9. All in all, I am inclined to feel that I am a failure	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐
10. I take positive attitude towards myself	Strongly Disagree ☐	Disagree ☐	Agree ☐	Strongly Agree ☐

RATE THE PEOPLE IN YOUR LIFE. PUT A CHECK UNDER THE ANSWER THAT BEST DESCRIBES HOW YOU FEEL ABOUT THEM:



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

1. How much I like to spend time with this person:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

2. How much I want to talk to this person when something bad happens:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

3. How much I know this person will always be there for me if I need them:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

4. How much I miss this person when we're apart:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			



PPAF

READ OVER THE FOLLOWING STATEMENTS ABOUT RELATIONSHIPS.

 Interviewer assisted: read each style once and again while youth completes ratings.

____ A. It is easy for me to become close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

____ B. I am uncomfortable getting close to others. I want close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

____ C. I want to be completely emotionally close with others, but I often find that others are not willing to get as close to me as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't like me as much as I like them.

____ D. I am comfortable without close relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

NOW RATE HOW MUCH YOU ARE LIKE EACH OF THESE STYLES IN YOUR RELATIONSHIP WITH YOUR MOTHER, FATHER AND FRIENDS.

 Ensure that the youth is referring to primary caregivers identified in MODULE 1.

Style A

	Disagree Strongly NOT LIKE ME					Agree Strongly LIKE ME	
Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
Friends	1	2	3	4	5	6	7

Style B

	Disagree Strongly NOT LIKE ME					Agree Strongly LIKE ME	
Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
Friends	1	2	3	4	5	6	7

Style C

	Disagree Strongly NOT LIKE ME					Agree Strongly LIKE ME	
Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
Friends	1	2	3	4	5	6	7

Style D

	Disagree Strongly NOT LIKE ME					Agree Strongly LIKE ME	
Mother	1	2	3	4	5	6	7
Father	1	2	3	4	5	6	7
Friends	1	2	3	4	5	6	7

 ARQ



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

	NOT AT ALL	A LITTLE	SOME - TIMES	PRETTY OFTEN	ALMOST ALL or ALL OF THE TIME
1. We disagree and fight.					
a) my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. We yell at each other.					
my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. When we argue, we stay angry at each other for a very long time.					
my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. When we disagree, one of us refuses to talk to the other.					
my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. When we disagree, one of us stomps out of the room, or house, or yard.					
my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. When we disagree, one of us gives in just to end the argument.					
my mom and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my dad and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
my friends and I	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

My Relationship with My Mother

	NOT AT ALL	A LITTLE	SOME - TIMES	PRETTY OFTEN	ALMOST ALL or ALL OF THE TIME
1) I get along well with my mother.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2) My mother doesn't understand what I'm going through.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3) I feel sure that my relationship with my mother will last no matter what.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4) My mother understands me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5) I get upset easily with my mother	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6) I feel sure that my relationship with my mother will last in spite of fights.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7) I tell my mother everything.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8) I trust my mother.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9) I share my thoughts and feelings with my mother.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10) I feel angry with my mother.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11) I feel sure that my relationship with my mother will continue in years to come.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12) I talk to my mother about things I don't want others to know about.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13) I can count on my mother to help me when I have a problem.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14) It's hard for me to talk to my mother.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15) My mother pays attention to me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5



TRS PMLT6



Ensure that the youth is referring to primary caregiver identified in MODULE 1.



Interviewer assisted. Parents, friends and romantic partners may act towards you in many ways. You may also act in a number of different ways towards your parents, friends, and romantic partners. Sometimes they may do things that are helpful, and sometimes they may do things that are hurtful. Likewise, sometimes you may do things that are helpful or hurtful. This questionnaire asks how often these things may have happened in the **past 6 months**. Some of these questions may make you feel uncomfortable or remind you of unpleasant things, but please be as honest as you can.



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

For each question, please circle the number that tells best how often it has happened to you.

1. Insulted, put down or called names (for example, name calling such as stupid, lazy, or worthless):

	<u>Done TO you</u>					<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always		Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

2. Destroyed or threatened to destroy something that was valued:

	<u>Done TO you</u>					<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always		Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

3. Pushing, grabbing or shoving in an argument:

	<u>Done TO you</u>					<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always		Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

4. Threw something:

	<u>Done TO you</u>				<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always	Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

5. Slapped:

	<u>Done TO you</u>				<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always	Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

6. Kicked, bit, or hit with a fist:

	<u>Done TO you</u>				<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always	Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

7. Hit with an object:

	<u>Done TO you</u>				<u>DONE BY YOU</u>				
	Never	Rarely	Often	Always	Never	Rarely	Often	Always	
BY a friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO a friend
BY your mother	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your mother
BY your father	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your father
BY your romantic partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2	☐ 3	☐ 4	TO your romantic partner

Please answer the following questions about your experiences at HOME, at School, and in Your Neighborhood.

Use the scale: NEVER, SOMETIMES, ALWAYS

I feel safe

	Never	Sometime	Always
At Home	☐	s	☐
In My School	☐	☐	☐
In My Neighborhood	☐	☐	☐

I feel like I have people that I can talk to

	Never	Sometimes	Always
At Home	☐	☐	☐
In My School	☐	☐	☐
In My Neighborhood	☐	☐	☐

It is clean

	Never	Sometimes	Always
At Home	☐	☐	☐
In My School	☐	☐	☐
In My Neighborhood	☐	☐	☐

I am afraid of being made fun of because of my culture/race

	Never	Sometimes	Always
At Home	☐	☐	☐
In My School	☐	☐	☐
In My Neighborhood	☐	☐	☐

I feel as though I belong

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

There are activities that I participate in

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

I am afraid of being physically attacked

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

I am afraid of being verbally harassed or humiliated

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

How often do you see:

People smoking drugs?

	Never	Sometime	Always
At Home	☐	s	☐
In Your School	☐	☐	☐
In Your Neighborhood	☐	☐	☐

Someone getting beat up?

	Never	Sometimes	Always
At Home	☐	☐	☐
In Your School	☐	☐	☐
In Your Neighborhood	☐	☐	☐

Guns?

	Never	Sometimes	Always
At Home	☐	☐	☐
In Your School	☐	☐	☐
In Your Neighborhood	☐	☐	☐

Somebody getting arrested?

	Never	Sometimes	Always
At Home	☐	☐	☐
In Your School	☐	☐	☐
In Your Neighborhood	☐	☐	☐

Drug Deals?

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Somebody getting stabbed or shot?

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Guns being shot?

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Gang activity (ie., gang members hanging out, gang members involved in criminal activities)?

	Never	Sometimes	Always
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

PCL & SAVRY Interview

Many of the open-ended questions in this interview are accompanied by additional probe questions, listed in *italics*. Probe questions should NOT be asked unless the participant does not cover these topics in their initial response to the open-ended question. The intent is to get a lot of information, particularly in regards to these questions, but to do so in a manner that minimizes the potential for leading responses.

Educational and School History

E1. Are you currently enrolled in school [SVRY 10, P5] [CIHR]? ☐ NO (0) ☐ YES (1)

If yes,

What grade are you currently enrolled in? [PCL; Section D: Attachment] [CIHR] _____ (grade)

If no,

What was the last grade you were enrolled in? _____ (grade) _____ (year)

If no, What is the main reason that you are not in school right now [PCL] [CIHR]?

- | | |
|---|---|
| ☐ I dropped out of school (0) | ☐ I have finished school (3) |
| ☐ I was kicked out of school (1) | ☐ I have my GED (4) |
| ☐ I came into jail (2) | ☐ Other, specify: _____ (5) |

If No, Do you see yourself going back to school (SVRY 24)? ☐ NO (0) ☐ YES (1)

Explain: _____

How do you like school (SVRY 10, P5)? (*What are your favorite subjects? Do you find yourself getting bored?*)

How was your concentration at school (SVRY 22)? ☐ Not so good (0) ☐ Good (1)

If not so good, describe:

Have you ever repeated a grade? [CIHR] ☐ NO (0) ☐ YES (1)

What kinds of grades do you usually get in school [CIHR] [SAVRY 10, P5]?

- ☐ Mostly A's (0) ☐ Mostly B's (1) ☐ Mostly C's (2) ☐ Mostly D's (3) ☐ Mostly F's (4)

Were you ever placed in a different class because of your grades (SVRY 10)? ☐ NO (0) ☐ YES (1)

How important is it for you to get good grades? [CIHR]

- ☐ Very Important (0) ☐ Important (1) ☐ Neutral (2) ☐ Not Very Important (3) ☐ Totally Unimportant (4)

How many times have you changed schools other than when it was required for grade changes? _____.
[PCL] [CIHR]

What were the reasons for your changing schools each time? {

[PCL] _____

Do you ever skip-out of class (SVRY 24; PCL) [CIHR]?

☐ NO (0)

☐ YES (1)

If Yes, How often do you skip class? [PCL]

- ☐ Never
- ☐ Once A Month
- ☐ 2 or 3 Times a Month
- ☐ Once A Week
- ☐ Daily

At what age did you start skipping? [PCL] [CIHR] _____ years

What is typically your reason for skipping? What do you do while skipping? [PCL]

Have you ever been in trouble in school (*detention, suspension, expulsion*)? ☐ NO (0)

☐ YES (1)

If Yes, What for? [PCL] [CIHR]

Earliest age you got into trouble at school? [PCL] _____ years

Have you ever been suspended from school? [PCL] [CIHR]

☐ NO (0)

☐ YES (1)

What was the earliest age that you were suspended from school? _____ years

Before the age of 10, did you get in trouble at school for : (*check all that apply*) [CIHR]

- | | |
|--|---|
| ☐ Cheating | ☐ Smoking Cigarettes |
| ☐ Arguing with Teachers | ☐ Smoking Pot |
| ☐ Skipping Class | ☐ Fighting |

☐ Other (specify): _____

Do you care what your teachers think of you ? [CIHR]

☐ I care a lot (0)

☐ I care some (1)

☐ I don't care (2)

☐ I don't care at all (3)

How often did you have trouble with teachers? [CIHR]

☐ Never (0)

☐ Sometimes (2)

☐ Often (3) ☐ Always (4)

Are you currently receiving special learning assistance?

☐ NO (0) ☐ YES (1)

Have you ever receiving special learning assistance?

☐ NO (0) ☐ YES (1)

If yes, at what age did you first receive these services? _____ years

How do you get along with your peers at school (*Probe for conflicts, if there is fighting probe for whether the youth was the Victim or Aggressor*)?

Work History and Goals [PCL]

Have you ever had a job?

☐ NO (0) ☐ YES (1)

Were you employed at the time of the offense?

☐ NO (0) ☐ YES (1) ☐ Seeking work (2)

If Yes, What is your current job description? _____

At what age did you first start working? _____ ☐ Never worked

If Yes, What (other) jobs have you worked?

How long was the longest job you have had? _____ months

How long was the shortest job you have had? _____ months

How do you like working?

Have you ever gotten into trouble at work?

☐ NO (0) ☐ YES (1)

If Yes, What for?

Would your present and past employers say you were a reliable employee? (*Are you generally on time? Absent?*):

☐ NO (0) ☐ YES (1)

If No work history, Do you have any interest in working? Why or Why Not?

How do you support yourself? (*Investigate money from parents, borrowing, work, criminal activity*)

Mental and Physical Health

Do you have any physical health problems?

☐ NO (0) ☐ YES (1)

Explain:

Have you ever been in a drug and alcohol treatment program (SVRY 19)? ☐ NO (0) ☐ YES (1)

If Yes, Explain (*When, Where, Did it work?*):

Have you ever received any counseling/psychiatric treatment?

☐ NO (0) ☐ YES (1)

Please explain

Do you think that treatment might be helpful to you (SVRY 23, P4)?

☐ NO (0) ☐ YES (1)

Please explain:

Have you ever been prescribed any medications?

What type: _____

Would you describe yourself as a relatively calm person or a relatively hyper person (SVRY 22)?

Have you ever been diagnosed with ADHD (SVRY 22)?

☐ NO (0) ☐ YES (1)

Have you ever been prescribed Ritalin (SVRY 22)?

☐ NO (0) ☐ YES (1)

If Yes, When and for how long:

Do you smoke cigarettes [PCL] ?

☐ NO (0) ☐ YES (1)

If Yes, How often?

- ☐ Rarely (a couple of times a year)
- ☐ Occasionally (a couple of times a month)
- ☐ Once A week
- ☐ Daily
- ☐ More than once per day

What age did you start smoking? _____ Years

Do you drink a lot of caffeine? [PCL]

☐ NO (0) ☐ YES (1)

How much per day? _____

Peer Relationships

How many friends do you have? [PCL] [CIHR] _____

Do you have any close friends (SVRY P2)?

☐ NO (0) ☐ YES (1)

How many? _____

How would you define a "close friend"?

Thinking back as far as you can, have you ever been teased a lot by other kids? (SVRY 12) ☐ NO (0) ☐ YES (1)

If Yes, **Please describe**

Who would you say is the most important person in your life right now? _____

What makes them important to you (SVRY 15, P2, P6)?

Romantic Relationships

Have you ever had a girlfriend/boyfriend? [PCL] [CIHR]

☐ No (0) ☐ Yes (1)

Have you ever had a serious relationship? [PCL] [CIHR]

☐ No (0) ☐ Yes (1)

If Yes, How many serious relationships have you had? [PCL] _____

How long have they lasted? [PCL] _____

What has been the biggest age difference between you and one of your boyfriends/ girlfriends? [CIHR]

I was _____ years older than him/her

I was _____ years younger than him/her

Generally, how old are the people that you date [CIHR]?

- ☐ Usually, one or two years younger than me
- ☐ Usually, about the same age as me
- ☐ Usually one or two years older than me
- ☐ Usually 2-5 years older than me
- ☐ Usually more than 5 years older than me

What are your relationships generally like? [PCL] *(How do you spend your time together? Why do they end? Have you ever cheated on anyone?)*

Have you ever felt like you were in love? [PCL]

☐ No (0) ☐ Yes (1)

How would you define "being in love"? [PCL]

How old were you when you had your first boyfriend? [PCL] _____ years

Are you currently in a relationship? [PCL] [CIHR] ☐ NO (0) ☐ YES (1)

How do you feel when you can't see him/her? [PCL]

Have you ever dated more than one person at a time? [PCL] ☐ NO (0) ☐ YES (1)
Are you dating more than one person? ☐ NO (0) ☐ YES (1)

If yes, How many people are you dating? _____

If no, (only dating one person)

How long have you been dating more than one person at a time?
_____ days

How long have you been dating this person? _____
How old is the person that you are dating? _____

Please list the ages of the people that you are dating

What age did you become sexually active (first engage in sexual intercourse)? _____ years

How many sexual partners have you had? [PCL] _____

Were you involved in a relationship with all of these people? [PCL] ☐ NO (0) ☐ YES (1)

Usually, are the people that you have sex with, someone that: [CIHR]

- ☐ you have a casual one night stand with
- ☐ you have been seeing for awhile
- ☐ I have not had sex.

Usually, what is the length of time between when you start "seeing" someone and when you first have sex? _____ days

Were you involved in a relationship with all of these people? [PCL] ☐ NO (0) ☐ YES (1)

What has been the biggest age difference between you and one of your sexual partners? [CIHR]

I was _____ years older than him/her
I was _____ years younger than him/her

Do you practice safe sex? How? [PCL]

Children & Family

Do you have any children

- ☐ NO (0)
☐ YES (1)

If **no**, [CIHR]

Do you plan on having children? ☐ NO (0) ☐ YES (1)

If yes, how soon would you like to have them?

- ☐ as soon as possible (within the next year)
☐ within 2-3 years
☐ within 3-5 years
☐ within 5-10 years
☐ more than 10 years from now

If Yes, how many children do you have [PCL] ? _____ What are the ages of your child(ren) _____

What is your involvement in your child's life? (*How often do you see the child? Are you the primary caregiver? Do you provide financial assistance?*) [PCL]

How often did you have contact with your child (*before coming in here*)? [CIHR]

Aggression, Violence and Criminal Activity

Do you get angry easily (SVRY 20)? [PCL] ☐ NO (0) ☐ YES (1)

What kinds of things get you angry (SVRY 20)? [PCL]

What do you do when you get angry (SVRY 20)?

Have you ever threatened or hurt anyone when you were angry (SVRY 20)?

☐ NO (0) ☐ YES (1)

If Yes, What kinds of things did you do?

Would other people say that you have a bad temper [PCL] (SVRY 20)?

☐ NO (0) ☐ YES (1)

Do you think you have a bad temper [PCL] (SVRY 20)?

☐ NO (0) ☐ YES (1)

Do you think use of violence is acceptable?

☐ NO (0) ☐ YES (1)

If yes, in what situations is it acceptable?

In what situations is it **not** acceptable?

What were all of the current charges you were sentenced for?

Could you describe the circumstances of your offense (SVRY 18)? *(What happened? Did you plan this offense? When did the idea of committing the offense first pass through your mind?)*

Was there a victim to your offense(s)? [PCL]

☐ NO (0) ☐ YES (1)

What was your relationship to the victim? _____

What was the degree and type of harm inflicted on your victim? _____

Could you repair the harm done to your victim? ☐ NO (0) ☐ YES (1)

If yes, How?

Were any weapons involved in the offense?

☐ NO (0) ☐ YES (1)

What was your primary reason for committing the offense? Describe your attitude toward the offense (SVRY 17)? [PCL]

Have you ever committed any other offenses, including ones you haven't been caught for? ☐ NO (0) ☐ YES(1)

If yes, what were they?

Generally, what are your reasons for committing offenses (SVRY 17) [PCL] ?

Were you under the influence of drugs or alcohol at the time you have committed any offenses, including ones that you have not been caught for ?

☐ NO (0)

☐ YES (1)

If Yes, please describe:

Are your crimes typically planned (SVRY 18)? [PCL]:

☐ NO (0)

☐ YES (1)

How do you typically feel while you are committing a crime (SVRY 18) [PCL]? (*Excited, nervous, neutral*)

Have you ever had difficulties following probation orders? (SVRY 4, 23)

☐ NO (0) ☐ YES (1)

If Yes, please describe:

While under probation have you (SVRY 4, 23):

Committed another criminal act?

☐ No (0) ☐ Yes (1) # times: _____

Escaped custody or been unlawfully at large?

☐ No (0) ☐ Yes (1) # times: _____

Failed to complete or attend treatment?

☐ No (0) ☐ Yes (1) # times: _____

Not lived where you've been ordered to or not followed curfew?

☐ No (0) ☐ Yes (1) # times: _____

Broken a no contact order?

☐ No (0) ☐ Yes (1) # times: _____

Generally, how do you feel about the police (SVRY17)

AFFECT

Can you describe an event in your life that made you feel really happy? [PCL]

Can you describe an event in your life that made you really depressed? [PCL]:

Can you remember some recent incidences that got you stressed out (SVRY 13)?

How did you deal with these stressful events (SVRY 13) ?

What are the biggest stressors in your life at present? (SVRY 13) ?

How well do you deal with authority (SVRY 17, 23,P4)?

Do you have any adults in your life with whom you feel you can really talk to, or go to for advice? (SVRY 15, P2, P3):

☐ NO (0) ☐ YES (1)

If Yes, how available are they to you? _____

Describe:

What is the worst thing you have ever done [PCL]

How good of a liar are you, compared to other kids your age? _____ [PCL]

(scored 1 to 5, 5 being you are the best liar)

Who have you lied to before?

Family __ Friends __ Girl/Boyfriend __ Teachers __ Jail staff/doctor __ Other, specify: _____ [PCL]

How many times a week do you tell a lie? _____ [PCL]

Have you ever manipulated anyone to get money or something else that you wanted? Y N

Examples: _____ [PCL]

If Yes, Can you give me some examples? [PCL]

How easy do you think it is to manipulate other people? _____ [PCL]

(scored 1 to 5, 1 being very hard & 5 being very easy)

Do you ever lie when there is really no point, just for the fun of it? N Stms Y [PCL]

When you get away with a lie, how do you feel? [PCL]

Excited/proud __ Scared/nervous __ Guilty __ Other, specify: _____ [PCL]

What is a typical day like for you? (When in the community):

What are your long-term goals? (*Ask about family plans, college, work, etc.*) [PCL]

Do you play any sports or belong to a team (SVRY P1)?
Explain

☐ No (0) ☐ Yes (1)

Do you belong to any extracurricular clubs or groups (SVRY P1)?
Explain:

☐ No (0) ☐ Yes (1)

What do you plan to do when you are released? [PCL]

Where do you see yourself in 5 years? [PCL]

Where do you see yourself in 10 years? [PCL]

Circle the answer that best describes the way each of your parents acts toward you. BE SURE TO MARK EACH ANSWER FOR EACH PARENT. If the statement is **NOT LIKE** your parent, circle **NL**. If the statement is **SOMEWHAT LIKE** your parent, circle **SL**. If the statement is **A LOT LIKE** your parent, circle **LL**.



Ensure that the youth is referring to primary caregivers identified in MODULE 1.

My parent is a person who...				
		Not like	Somewhat Like	A lot like
1. ...believes in having a lot of rules and sticking with them.	Mother	NL	SL	LL
	Father	NL	SL	LL
2. ...lets me go any place I please without asking.	Mother	NL	SL	LL
	Father	NL	SL	LL
3. ...insists that I must do exactly as I am told.	Mother	NL	SL	LL
	Father	NL	SL	LL
4. ...lets me off easy when I do something wrong.	Mother	NL	SL	LL
	Father	NL	SL	LL
5. ...is able to make me feel better when I am upset.	Mother	NL	SL	LL
	Father	NL	SL	LL
6. ...is always telling me how I should behave.	Mother	NL	SL	LL
	Father	NL	SL	LL
7. ...enjoys doing things with me.	Mother	NL	SL	LL
	Father	NL	SL	LL
8. ...wants to control whatever I do.	Mother	NL	SL	LL
	Father	NL	SL	LL
9. ...gives me a lot of care and attention.	Mother	NL	SL	LL
	Father	NL	SL	LL
10. ...only keeps rules when it suits her/him.	Mother	NL	SL	LL
	Father	NL	SL	LL
11. ...often praises me.	Mother	NL	SL	LL
	Father	NL	SL	LL
12. ...if I have hurt her/his feelings, stops talking to me until I please her/him again.	Mother	NL	SL	LL
	Father	NL	SL	LL
13. ...lets me do anything I like to do.	Mother	NL	SL	LL
	Father	NL	SL	LL

WHAT YOUR MOTHER AND FATHER KNOW ABOUT YOUR LIFE:		Doesn't know	Knows a little	Knows a lot	Knows exactly
How much does your _____ really know about <u>what you do with your free time?</u>	Mother	1	2	3	4
	Father	1	2	3	4
How much does your _____ really know about <u>where you are most afternoons after school?</u>	Mother	1	2	3	4
	Father	1	2	3	4
How much does your _____ really know about <u>where you go in the evening or at night?</u>	Mother	1	2	3	4
	Father	1	2	3	4
How much does your _____ really know <u>who your friends are?</u>	Mother	1	2	3	4
	Father	1	2	3	4
How much does you _____ really know about <u>what you do with your girlfriend or boyfriend?</u>	Mother	1	2	3	4
	Father	1	2	3	4

Below is a list of situations and peoples' reactions to them.

How much do you agree or disagree with the reaction that is underlined?

	Strongly Agree	Agree	Some-what Agree	Some-what disagree	Disagree	Strongly disagree
1. Mark calls Tina a slut in front of their friends. <u>Tina slaps him.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
2. David is following Maria and won't leave her alone. <u>Maria pushes him</u> out of her way.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
3. Tony is harassing Gina about her new haircut, saying that she looks like a poodle. Gina gets really angry at Tony and <u>pushes him.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
4. Tom and Yolanda are having an argument. Things are getting out of hand and Tom starts pushing and shoving Yolanda. When he won't stop, <u>Yolanda slaps him.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
5. Michelle gets really angry at Carlos for ignoring her, so <u>she hits him</u> to get his attention.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
6. Jeff finds out that Debbie has been seeing someone else behind his back. He gets really mad and <u>he slaps her.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
7. Lisa won't stop making fun of Charlie in front of their friends. Charlie loses his temper and <u>pushes her.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
8. Jenny and Dan are arguing because Jenny wants to see other guys. She gets really mad and starts to hit Dan. <u>Dan grabs Jenny and pushes her away.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
9. John catches Janet flirting with Tyrone. John gets really mad and <u>hits Tyrone</u> for flirting with Janet.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
10. Peter gets really angry at Patti and <u>slaps her</u> when she threatens to break up with him.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
11. Karen is teasing Frank at a party about being too stupid to pass English. When she won't stop. Frank just loses it and <u>hits Karen.</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
12. Keisha sees Rick flirting with Angie. Keisha gets mad and <u>hits Angie</u> and tells her to keep her hands off Rick.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

CIHR PARTICIPANT RECEIPT

Date_____

This is to certify that I have received _____
for participation in research as described in the consent form I completed.

Name (Please Print):

Signature:

Address:

Researchers Signature:

FILE REVIEW and ASSESSMENTS

1. File Coding Sheet

Includes: Charges, convictions, sentences – previous and current; WISC scores, ROME coding sheet.

~ Legal size 1 page front & Back

2. PCL Sheets

a. File and Information Coding Sheet

~ Legal size 1 page front & Back

b. Psychopathy Checklist – Youth Version

~ Legal size 1 page front & Back

3. SAVRY Coding Sheets

Includes: Revised version of the SAVRY detailed file coding sheet

~ Legal size 2 pages front & Back