

Client ID # _____

Date of Administration: _____

LEGAL INVOLVEMENT AND RELATED

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. In the past six months, have you had legal issues, probation, or parole?

- Yes
- No
- Unknown

2. In the past six months, have you spent any nights in jail/prison?

- Yes
- No → *Skip to Q4*
- Unknown

3. If yes, number of nights:

4. In the past six months, have you had court-ordered treatment?

- Yes
- No
- Unknown

5. In the past six months, have you had violent or aggressive thoughts?

- Yes
- No
- Unknown

6. In the past six months, have you had violent or aggressive behavior?

- Yes
- No
- Unknown