



Catholic Social Services
of Washtenaw County
LOTUS
Anger Management Services
4925 Packard Road
Ann Arbor, MI 48108-1521
734.971.9781 Ext. 430



PROGRAM ASSESSMENT

Service Participant Name: _____

Date: ____ / ____ / ____

Instructions: Please check the box for all that apply to you and use the right section to briefly explain or comment on each item you checked.

<p>1. have been arrested and/or convicted of:</p> <ul style="list-style-type: none"><input type="checkbox"/> Assault.<input type="checkbox"/> Battery.<input type="checkbox"/> A crime involving destroying property.<input type="checkbox"/> Domestic violence.<input type="checkbox"/> Stalking.<input type="checkbox"/> A crime that involved my partner.<input type="checkbox"/> Other: _____ <p>2. I have had police contact as the result of:</p> <ul style="list-style-type: none"><input type="checkbox"/> A dispute with my partner.<input type="checkbox"/> A dispute with a stranger.<input type="checkbox"/> A dispute with a family member<input type="checkbox"/> A dispute with a neighbor, friend, co-worker and/or others. <p>3. I have had a personal protection order/restraining order placed against me.</p> <p>4. I have hit, kicked, slapped, bitten, and/or strangled:</p> <ul style="list-style-type: none"><input type="checkbox"/> An intimate partner.<input type="checkbox"/> A family member.<input type="checkbox"/> a co-worker, neighbor, friend, and/or others. <p>5. I have assaulted an intimate partner before or during sex.</p> <p>6. I have used gestures, looks, and/or weapons to intimidate or instilled fear in:</p> <ul style="list-style-type: none"><input type="checkbox"/> My intimate partner.<input type="checkbox"/> Family members.<input type="checkbox"/> Neighbors, friends, strangers, and/or others.	
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<p>7. I have made threats to harm or damage the property of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My intimate partner <input type="checkbox"/> Family members <input type="checkbox"/> Pets <input type="checkbox"/> Friends, co-workers, neighbors, and/or others. <p>8. I have access to guns.</p> <p>9. I have looked at my partner's phone, computer, and/or other social media accounts without their knowledge.</p> <p>10. I expect my partner to obey me.</p> <p>11. I have insulted or shamed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My partner. <input type="checkbox"/> My partner in front of others. <input type="checkbox"/> Family members. <input type="checkbox"/> My family members in front of others. <input type="checkbox"/> My friends, co-workers, strangers, and/or others. <input type="checkbox"/> My friends, co-workers, strangers, and/or others. in front of others. <p>12. I have demanded that my partner stay home from work, school, and/or seeing friends/family.</p> <p>13. I have intentionally damaged property belonging to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My intimate partner. <input type="checkbox"/> A family member. <input type="checkbox"/> A friend, stranger, co-worker, and/or other. <p>14. I have intentionally damaged property in my and my partner's home.</p> <p>15. I have tried to prevent or have prevented my partner from leaving and/or using their phone.</p> <p>16. I have called, emailed, texted, and/or tried to communicate the following people even after they asked me to stop contacting them:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An intimate partner. <input type="checkbox"/> A family member. <input type="checkbox"/> A friend, stranger, co-worker, and/or others. 	
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<p>17. I have shown up at places that my partner, ex-partner, or someone else likes to go to see them without letting them know.</p> <p>18. I use alcohol.</p> <p>19. I use illegal drugs.</p> <p>20. I would describe myself as being dependent on alcohol and/or drugs.</p> <p>21. I think I might have a problem with drugs and/or alcohol.</p> <p>22. I do not have a problem with drugs and/or alcohol.</p> <p>23. I use drugs and/or alcohol to cope with emotions and/or conflict.</p> <p>24. I have sought services for substance abuse (therapy, Alcoholics Anonymous etc.)</p> <p>25. I have had to avoid parties, gatherings, or other places in order to stop myself from drinking.</p> <p>26. My behavior while I drink has caused problems in the past with my relationships or with other people.</p> <p>27. While driving, I have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Purposely cut someone off when I didn't like their driving. <input type="checkbox"/> Purposely followed someone closely when I didn't like their driving. <input type="checkbox"/> Have yelled at or confronted another driver when I didn't like their driving. <input type="checkbox"/> Purposely instilled fear in other drivers, passengers in other cars, or pedestrians by driving erratically, giving rude gestures, or honking my horn. <input type="checkbox"/> Purposely instilled fear in passengers in my car by driving erratically, giving rude gestures, or honking my horn. <p>28. While participating in a team activity, I have berated, belittled, or embarrassed teammates, members of the opposing team, or judges/referees.</p>	
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<p>29. While in a restaurant, store, or other establishment, I have yelled at a staff member or other customer to get what I wanted.</p> <p>30. I have yelled at a customer service representative or other employee over the phone to get what I want.</p> <p>31. As a result of my violent and/or aggressive behavior, I have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Been fired and/or disciplined at a job. <input type="checkbox"/> Caused conflict, stress, or tension in a relationship. <input type="checkbox"/> Cause conflict, stress, or tension at work, with friends, or with family members. <input type="checkbox"/> Lost a relationship with an intimate partner. <input type="checkbox"/> Lost friendships or relationships with family members. <input type="checkbox"/> Not been invited to parties and/or gatherings. <input type="checkbox"/> Been banned from an establishment or public place. <input type="checkbox"/> Been disciplined, suspended, and/or expelled at/from school. <p>32. I feel overwhelmed when I get angry or frustrated.</p> <p>33. Family members, friends, or other people in my life have asked me to seek help for my aggression</p>	
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