

**ATLANTA INTERVENTION NETWORK COUNSELING CENTERS**

Dekalb/Tucker Center  
5073 Lavista Road  
Tucker GA 30084-3597

Newton/Covington Center  
1115 Church Street (on Square)  
Covington, GA 30014

Rockdale/Conyers Center  
930 Green Street, SW  
Conyers, GA 30012-5286

Gwinnett/Snellville Center  
2386 Clower St, Bldg F, Suite 200  
Snellville, GA 30078

**Phone (770) 602-1979 Fax (770) 860-8315 Cellular (770) 713-8580**

**ANGER MANAGEMENT EVALUATION**

Confidentiality: The information you give below will be held in strict confidence. It is to be used for the evaluation. You will need to sign a Release of Information or consent form first which will detail how the information will be used and what types of exceptions exist. Any false or misrepresented information places you at risk of being discharged.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender/Sex \_\_\_\_\_ Race \_\_\_\_\_

Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

1) Relative's phone: (\_\_\_\_) \_\_\_\_\_ 2) Relative's phone: (\_\_\_\_) \_\_\_\_\_

**Do not write in this section—go to the next section (page)**

Referred by \_\_\_\_\_ Evaluation by \_\_\_\_\_

Class to attend: Day \_\_\_\_\_ Hour \_\_\_\_\_ Begin \_\_\_\_\_

Recommendations \_\_\_\_\_

### CURRENT LIVING SITUATION

Check the box that most fits your situation:

- Single, never married.
- Single, but living with someone who is an intimate partner. How long? \_\_\_\_\_
- Married—How long? \_\_\_\_\_
- Is the person (parent, partner, spouse) you are living with supportive of you?  Yes/  No.
- Separated? How long? \_\_\_\_\_ Do you think you will get back together?  Yes/  No.
- Divorced? Dates of previous marriages: 1<sup>st</sup> from \_\_\_\_\_ to \_\_\_\_\_; 2<sup>nd</sup> from \_\_\_\_\_ to \_\_\_\_\_
- Children? Give age and gender (m/f): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_
- Step-Children? Give age and gender (m/f): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_
- Widow/Widower? Date of death? \_\_\_\_\_ Cause? \_\_\_\_\_

### FAMILY BACKGROUND

- Father: What does/did (if deceased) he do for a living? \_\_\_\_\_  
Father: If deceased, when did he die? \_\_\_\_\_ What did he die from? \_\_\_\_\_  
Mother: What does/did (if deceased) she do for a living? \_\_\_\_\_  
Mother: If deceased, when did she die? \_\_\_\_\_ What did she die from? \_\_\_\_\_  
Did your parents divorce?  Yes/  No. When? \_\_\_\_\_ Did you have step-parent(s)?  Yes/  No.  
How many brothers and sisters do you have? \_\_\_\_\_ Step-brothers and sisters? \_\_\_\_\_  
Did someone other than your parents raise you?  Yes/  No. Who? \_\_\_\_\_

### EDUCATION

- Graduated from high school in what year? \_\_\_\_\_
- Did not graduate from high school.
- GED? Received what year? \_\_\_\_\_ Seeking GED?  Yes/  No.
- Attended college/technical school but did not graduate. How long? \_\_\_\_\_ Major \_\_\_\_\_
- Graduated from college/technical school in what year? \_\_\_\_\_ Major \_\_\_\_\_

### EMPLOYMENT

- Currently employed and my employer is: \_\_\_\_\_ How long? \_\_\_\_\_  
Describe what you do: \_\_\_\_\_  
What other types of work have you done? \_\_\_\_\_
- Unemployed and seeking employment. What type of work are you seeking? \_\_\_\_\_
- Receiving financial assistance. What type? \_\_\_\_\_  
What did you do for a living previously? \_\_\_\_\_

### MILITARY

- No military service.
- Branch of military service \_\_\_\_\_ . Dates of service \_\_\_\_\_
- Special training? \_\_\_\_\_ What type? \_\_\_\_\_ Combat experience? \_\_\_\_\_
- Type of discharge? \_\_\_\_\_

**FINANCIAL**

Are you paying child-support?  Yes/  No. Court-ordered?  Yes/  No. Monthly amount \_\_\_\_\_  
If you are in arrears, how much? \_\_\_\_\_  
Have you ever declared bankruptcy?  Yes/  No. If yes, when? \_\_\_\_\_

**HEALTH**

Do you have any physical limitations or disabilities?  Yes/  No. If yes, describe \_\_\_\_\_  
Did you take any type of medication?  Yes/  No. What types? \_\_\_\_\_  
Has any physician or psychiatrist ever diagnosed you as having depression, PTSD, bi-polar disorder, "nerves," attention deficit disorder or any similar type illness?  Yes/  No. Which ones? \_\_\_\_\_  
Have you ever been admitted to a psychiatric hospital?  Yes/  No. Which one? \_\_\_\_\_  
Did you take any medication?  Yes/  No. What types? \_\_\_\_\_  
Have any of your family members had any of the illnesses listed above?  Yes/  No. Who? \_\_\_\_\_  
What type of illnesses did they have? \_\_\_\_\_  
Have you seriously considered harming yourself?  Yes/  No. How close did you come? \_\_\_\_\_  
Have you seriously considered harming others?  Yes/  No. How close did you come? \_\_\_\_\_  
Has anyone in your family committed suicide?  Yes/  No. Who? \_\_\_\_\_

**LEGAL**

**Currently on Probation:** What county? \_\_\_\_\_ Probation Officer's Name \_\_\_\_\_  
What are you on probation for? \_\_\_\_\_ When were you arrested? \_\_\_\_\_  
When were you sentenced? \_\_\_\_\_ How much time did you serve? \_\_\_\_\_  
Fine \$ \_\_\_\_ Community Service hours \_\_\_\_ .D.V. Class \_\_\_\_ . Length of Probation \_\_\_\_\_  
Describe the events surrounding the arrest: \_\_\_\_\_

**Pending Charges:** What are the charges? \_\_\_\_\_  
What county/city? \_\_\_\_ Do you have an attorney?  Yes/  No. When do you go to court? \_\_\_\_ Describe the circumstances of the arrest: \_\_\_\_\_

**Other Arrests:** List any other arrests you have including DUIs. You need to be accurate as possible so that if what you report is checked against your record it will not appear as if you were attempting to be evasive or hiding information.

	Charge	Date arrested	Date sentenced	Actual Sentence
1 <sup>st</sup> Arrest	_____	_____	_____	_____
2 <sup>nd</sup> Arrest	_____	_____	_____	_____
3 <sup>rd</sup> Arrest	_____	_____	_____	_____
4 <sup>th</sup> Arrest	_____	_____	_____	_____

## ALCOHOL AND DRUG HISTORY QUESTIONNAIRE

### Drinking/Using Pattern

Please answer the following questions on the basis of how you have drank alcohol or used drugs in the past 10 years. If you have not been drinking for a length of time, there will be a space to fill that in. We need to know how you have drank alcohol or used drugs in the past.

In the past, did your father drink (circle your response): heavily, moderately, lightly, never drank?

In the past, did your mother drink (circle your response): heavily, moderately, lightly, never drank?

How about any brothers or sisters? Heavily, moderately, lightly, never drink?

If you drank, where did you do most of your drinking? (Home, bars, parties, friend's home)

\_\_\_\_\_

Have you ever tried to stop drinking or drugging?  Yes/  No. If yes, how long did you go without drinking?  
\_\_\_\_ Why did you stop? \_\_\_\_\_

Have you ever had an alcohol or drug use evaluation before?  Yes/  No. When? \_\_\_\_\_  
Where? \_\_\_\_\_ Why was the evaluation done? \_\_\_\_\_

Have you ever been in treatment for alcohol or drug related issues?  Yes/  No. When and where did this take place? (Not including DUI School) \_\_\_\_\_

Have you ever been in an alcohol/drug-related halfway house?  Yes/  No. When? \_\_ Where?\_\_

Have you ever been told by a doctor to stop drinking?  Yes/  No.

Has anyone ever suggested to you that you should stop drinking?  Yes/  No.

Do you typically drink alone?  Yes/  No.

Do most of your friends drink?  Yes/  No.

Have you ever attended an Alcoholics Anonymous (or CA, NA) meeting?  Yes/  No.

Was it court-ordered?  Yes/  No.

Does your partner or roommate drink?  Yes/  No. (heavily, moderately, lightly, never drank?)

Have you been threatened about losing your job due to alcohol/drug related problems?  Yes/  No.

In a one month (30 days) period, how many days would you drink? \_\_\_\_\_

Each time you drink, how much would you typically drink? \_\_\_\_\_

In a one week (7 days) period, how much would you drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Do you have hangovers?  Yes/  No. How often? \_\_\_\_\_. Last hangover? \_\_\_\_\_

Have you ever used marijuana?  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used cocaine  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used methamphetamine  Yes/  No. When was the last time you used it? \_\_\_\_\_

Have you ever used other illicit drugs not listed?  Yes/  No. Which ones? \_\_\_\_\_

Have you ever abused prescription drugs?  Yes/  No. Which ones? \_\_\_\_\_

Have you ever failed a drug screen (for example, at work or at probation)? \_\_\_\_\_

Have you sold drugs for profit or for your own use?  Yes/  No. When? \_\_\_\_\_ How long?\_\_

Do you think you have a problem with alcohol or drugs? Circle your response below.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is the worst level of problem you reached while drinking or using drugs? Circle your response.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is your present goal concerning drinking (or use of drugs)?  Total abstinence (no drinking).

Cutting back on drinking.  Drinking the same amount.  Not drinking when drinking.

Do you think there are any questions/issues we might have missed that you would like to cover?

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Print your name: \_\_\_\_\_

Sign your name: \_\_\_\_\_

Date: \_\_\_\_\_