

# Recovery & Prevention Resources

## Gender-Specific Issues

For each statement, please circle the number/word that best describes your experience. Respond according to your thoughts & feelings.

	Not Applicable	Not at All		Somewhat		Definitely
1. Do many/most of the people you hang out with use or abuse alcohol or other drugs?		1	2	3	4	5
2. Does your significant other use or abuse alcohol or other drugs?	0	1	2	3	4	5
3. Do/did one or both of your parents have a problem with alcohol and/or other drugs?		1	2	3	4	5
4. Do you fear for your personal safety?		1	2	3	4	5
5. Have you done things you are ashamed of while under the influence of, or to obtain, drugs?		1	2	3	4	5
6. Do you worry about your physical health?		1	2	3	4	5
7. Do you worry about the effect your alcohol and/or other drug use is having on your children?	0	1	2	3	4	5
8. Have other people (parents, friends, Children's Services, etc.) expressed worry about the effect your alcohol and/or other drug use is having on your children?	0	1	2	3	4	5

Have you ever been the victim of physical, emotional, or sexual abuse?	No	Yes
Have you ever witnessed physical, emotional, or sexual abuse?	No	Yes
Have you ever physically, emotionally, or sexually abused someone else?	No	Yes
Have you ever been the victim of domestic violence?	No	Yes
Have you ever attempted suicide?	No	Yes
Have you ever been referred for mental health services?	No	Yes
Have you ever received treatment for alcohol/other drug use?	No	Yes
Did you graduate from high school or get your GED?	No	Yes
Do you have enough income to meet your family's needs?	No	Yes

Listed below are a number of statements. Indicate your agreement or disagreement with each statement using the following scale:

**1 = strongly agree**

**2 = agree**

**3 = disagree**

**4 = strongly disagree**

- \_\_\_\_\_ I feel that I am a person of worth, at least on an equal basis with others.
- \_\_\_\_\_ I feel that I have a number of good qualities.
- \_\_\_\_\_ All in all, I am inclined to feel that I am a failure.
- \_\_\_\_\_ I am able to do things as well as most other people.
- \_\_\_\_\_ I feel that I do not have much to be proud of.
- \_\_\_\_\_ I take a positive attitude toward myself.
- \_\_\_\_\_ On the whole, I am satisfied with myself.
- \_\_\_\_\_ I wish I could have more respect for myself.
- \_\_\_\_\_ I certainly feel useless at times.
- \_\_\_\_\_ At times I think I am no good at all.
- \_\_\_\_\_ I am confident in my ability to make good choices/decisions.

Age: \_\_\_\_\_ (years)    Marital Status: **Married/Living as Married**    **Divorced**    **Single**    **Widowed**

Name: \_\_\_\_\_    Date: \_\_\_\_\_    Counselor: \_\_\_\_\_

**Clinical Use Only:**

**BTC eligible**