

TCU CRHSFORM

1. In total, how many **TIMES** have you been **ARRESTED** in your **LIFETIME**?
 None 1-5 times 6-10 times 11-50 times Over 50 times
2. In total, how many **TIMES** have you been **CONVICTED** (found guilty) of a crime, as an adult or juvenile?
 None Once 2-5 times 6-10 times Over 10 times
3. Was your **MOST RECENT** conviction for robbery, burglary, or other thefts?
 No Yes
4. Altogether, how many **TIMES** have you ever been locked up (in detention, jail, or prison)?
 None Once 2-5 times 6-10 times Over 10 times
5. In total, how many **DAYS** have you ever spent in jail or prison?
 None 1-30 days 31-60 days 61-365 days Over 365 days
6. What was your **AGE** the **FIRST** time you were locked up (in detention, jail, or prison)?
 Never jailed Under 18 18-25 years Over 25 years
7. How many **TIMES** were you arrested **BEFORE AGE 18**?
 None Once 2-5 times 6-10 times Over 10 times
8. In total, how many **TIMES** have you had parole or probation **REVOKED** for any reason?
 None Once Twice 3 or more times
9. How many of those revocations were for **TECHNICAL VIOLATIONS**?
 None One Two 3 or more
10. Have you ever been told you were dependent on or addicted to **ALCOHOL** or other (illegal) **DRUGS**?
 No Yes
11. During the **PAST 2 YEARS** before **ENTERING** this program or facility, were you **EMPLOYED** (full or part-time) for 6 or more months?
 No Yes
12. Do you have a **HIGH SCHOOL DIPLOMA** or **GED**?
 No Yes
13. During the **LAST 6 MONTHS** before **ENTERING** this program or facility, how many **TIMES** were you **ARRESTED**?
 None Once 2-5 times 6-10 times Over 10 times
14. How many different **TIMES** (during those 6 months) were you locked up?
 None Once 2-5 times 6-10 times Over 10 times
15. How many **DAYS** (during those 6 months) did you spend locked up?
 None 1-7 days 8-30 days 31-60 days Over 60 days

Were any arrests (during those 6 months) for --	No	Yes
16. violent offenses (robbery, assault, murder)?	<input type="checkbox"/>	<input type="checkbox"/>
17. sexual offenses or assaults?	<input type="checkbox"/>	<input type="checkbox"/>
18. property offenses (burglary, theft, fraud)?	<input type="checkbox"/>	<input type="checkbox"/>
19. drug offenses (manufacturing, trafficking)?	<input type="checkbox"/>	<input type="checkbox"/>
20. parole or probation violations?	<input type="checkbox"/>	<input type="checkbox"/>
21. public-order offenses (weapons, vandalism)?	<input type="checkbox"/>	<input type="checkbox"/>
22. other offenses?	<input type="checkbox"/>	<input type="checkbox"/>

Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508.

Selected items (2, 3, 4, 6, 8, 10, 11, 12) adapted from Salience Factor Scores (Hoffman & Beck, 1974).

Client ID#

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date
Month Day Year

0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility ID#

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ZIP code

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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration

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3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

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