

WOMEN'S RISK/NEEDS ASSESSMENT PROBATION SURVEY

Version 6: 2012

Name:	Date:
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The following questionnaire asks about issues that have a special interest to women such as relationships, self-confidence, abuse, and parenting. These questions are designed to help us find appropriate programming for you as you complete this period of supervision. Please answer them as honestly as you can.

1. RELATIONSHIP SCALE¹: The next questions ask you about your relationships with your significant others. In answering these questions please think of your most recent intimate relationship(s). This may include boyfriends/girlfriends, significant others, romantic partners, spouses, etc.

	YES	NO
1. In general, would you describe these relationships as supportive and satisfying?	<input type="checkbox"/> (c)	<input type="checkbox"/> (a)
2. Do you get into relationships that are painful for you? Or is your present relationship a painful one?	<input type="checkbox"/> (a)	<input type="checkbox"/> (c)

	OFTEN	SOMETIMES	SELDOM/ NEVER
3. Have significant others loved and appreciated you for who you are?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
4. Do you find yourself more likely to get in trouble with the law when you are in a relationship than when you are not in a relationship?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
5. Do you tend to get so focused on your partner that you neglect other relationships and responsibilities?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
6. Have partner(s) been able to convince you to get involved in criminal behavior?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)

2. SHERER SELF-EFFICACY SCALE²: Please check the response that best describes you.

	OFTEN	SOMETIMES	SELDOM/ NEVER
1. When you make plans, are you fairly certain that you can make them work?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
2. Do you have problems getting down to work when you should?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
3. Are you pretty persistent --- like if you can't do a job the first time, do you keep trying until you can?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
4. When you set important goals for yourself, do you have trouble achieving them?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
5. Do you give up on things before completing them?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
6. Do you avoid facing difficulties?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
7. When something looks complicated, do you avoid trying to do it?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
8. When you have something unpleasant to do, do you stick to it until you finish it?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
9. When you decide to do something, do you go right to work on it?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
10. When you try to learn something new, do you tend to give up if you are not initially successful?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
11. When unexpected problems occur, do you handle them well?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
12. Do you avoid trying to learn new things when they look too difficult?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
13. Does failure just make you try harder?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
14. Do you feel insecure about your ability to do things?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
15. Can you depend on yourself?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)
16. Do you give up easily?	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
17. Do you feel capable of dealing with most problems that come up in life?	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)

3. PARENTING SCALE³: In this last section we are going to ask you questions about your life with your children.

Please do not complete this section if you do not have children who are under 18 years of age.

_____ I do not have children under 18. (Do not complete this section.)

_____ I have never had a period of ongoing contact with my children. (Do not complete this section.)

Please tell us whether or not you agree with the following statements. Please check the response that best describes you.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1. I have many people I can lean on, who would help me out during tough times.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
2. I believe that I am admired and praised by the people in my life. They think that I am worthy and important.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
3. The people in my life have confidence in me and expect that I will do the right thing and make good decisions.	<input type="checkbox"/> (d)	<input type="checkbox"/> (c)	<input type="checkbox"/> (b)	<input type="checkbox"/> (a)
4. No one has ever really listened to me.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
5. Raising children is a nerve-wracking job.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
6. My life seems to have been one crisis after another.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
7. I go through times when I feel helpless and unable to do the things I should.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
8. Sometimes I just feel like running away.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
9. Most of the time, I get no support from the children's father (or stepfather/co-parent).	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
10. Raising children is harder than I expected.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
11. I have trouble keeping my kids from misbehaving.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)
12. My children are difficult to control.	<input type="checkbox"/> (a)	<input type="checkbox"/> (b)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)

¹ Scales contains items from the following:

Fischer, J., Spann, L., and Crawford, D. (1991). Measuring Codependency, Alcoholism Treatment Quarterly, 8(1) 87-99.

Roehling, P. & Gaumont, E. (1996). Reliability and Validity of the Codependent Questionnaire. Alcoholism Treatment Quarterly, 14(1), 85-

95. Crowley Jack, D. & Dill, D. (1992). The Silencing the Self Scale, Psychology of Women Quarterly, 16, 97-106.

² Sherer, M., Maddus, J., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. (1982). The Self Efficacy Scale: Construction and Validation. Psychological Reports, 51, 663-671.

³ Most questions are from: Avison, W., Turner, R., & Noh, S. (1986) Screening for Problem Parenting: Preliminary Evidence on a Promising Instrument. Child Abuse & Neglect, 10, 157-170.

Scoring Relationship Difficulties Scale

Number of (a) _____ x 2 = _____

Number of (b) _____ x 1 = _____

Number of (c) _____ x 0 = 0

TOTAL _____

Scoring Self-Efficacy Scale

Number of (a) _____ x 2 = _____

Number of (b) _____ x 1 = _____

Number of (c) _____ x 0 = 0

TOTAL _____

Scoring Parenting Stress Scale

Number of (a) _____ x 3 = _____

Number of (b) _____ x 2 = _____

Number of (c) _____ x 1 = _____

Number of (d) _____ x 0 = 0

TOTAL _____

If no children, or no involvement, scale score = 0