

# North Carolina Division of Community Corrections



## Offender Needs Assessment

### Self-Report Questionnaire

*Instructions:*

**Mark one box for each statement below that best shows what is true for you.**

		Never true	Rarely true	Sometimes true	Usually true	Always true
1	I am okay with my current work or school situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have the skills that I need to get a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I try to make my job or school situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I run out of money right before payday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I struggle to pay the rent or things like my light bill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I have to rely on others for money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have a permanent place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	When I was in school I was in special education classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I find it difficult to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	When I buy something with cash, I can figure out how much change I should get back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Because of my health, it's hard to do everyday tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	It's hard for me to pay for my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Think of a typical week in your life as you answer the questions below. Place a mark beside the box that best shows what is true for your life.**

13 In a typical week how many days a week do you drink alcohol or use drugs?

- 0
- 1-2 days
- 3-5 days
- 6-7 days

14 How many days in a typical week do you drink more than 5 drinks at one sitting?

\_\_\_\_\_ days

15 At the time of the offense that I am on probation for happened, I was (mark all that apply):

- sober
- under the influence of just alcohol
- under the influence of just drugs
- under the influence of both alcohol and drugs

**Mark one box for each statement below that best shows what is true for you.**

		Never true	Rarely true	Sometimes true	Usually true	Always true
16	When I drink alcohol or use drugs I get in arguments with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I feel "hung over" or sick when I wake up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	When I drink or use drugs I get in trouble at work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I think about stopping drinking or doing drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Think of times before you were 15 years old when you got in trouble.**

20 Before age 15, I got in trouble for (mark yes or no):

	Yes	No
Skiping School	<input type="checkbox"/>	<input type="checkbox"/>
Running Away	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>
Having Weapons	<input type="checkbox"/>	<input type="checkbox"/>
Forcing sexual activities on others	<input type="checkbox"/>	<input type="checkbox"/>
Hurting animals or people	<input type="checkbox"/>	<input type="checkbox"/>
Tearing up others' property	<input type="checkbox"/>	<input type="checkbox"/>
Starting fires	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>
Stealing something from others	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for what it was like in your family when you were growing up.**

	Never true	Rarely true	Some-times true	Usually true	Always true
21 Family members were in trouble with the law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 There were fights and arguments in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 When I had a problem I knew someone in my family would help me solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 I knew I would be punished if rules were broken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 We didn't hold to any rules or standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Anything goes in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for your current family situation.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
27 I am happy with my current family life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 My family understands my situation and problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
29 Sometimes I can't stop myself from doing something, even if I know it is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 People would describe me as impulsive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 It's exciting to try something that might get me in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 I become angry when people try to tell me what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
33 I try to stay out of situations that might get me in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 I think about what could happen before acting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 I lose my temper easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 I apologize to others when I do wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 I blurt out whatever is on my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for times when you are not using alcohol or drugs.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
38 I hear or see things that other people say they don't hear or see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 I believe that other people can control my mind by putting thoughts into my head or taking thoughts out of my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 I have so much energy that I can go for days without sleep and thoughts just race through my head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 I feel so bad that I think of taking my own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
42 I think the world owes me a better life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 I get even with people who mess with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 I get in trouble because I have bad luck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 I think about how my actions will affect others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 I can control the things I say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 I do things I had not planned to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Breaking the law is not big deal as long as you don't hurt someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Think about the friends you have now and keep them in mind when you answer questions 45 through 49. Please do NOT list any names.**

*Put number of friends here.*



49	How many friends do you have?	.....	
50	How many of those friends are on probation, parole or post release (like you are now)?	.....	
51	How many of those friends are members of a gang?	.....	
52	How many of those friends have ever committed a crime, whether or not they were arrested?	.....	
53	How many of those friends sell or use drugs (including pot)?	.....	
54	How many of those friends are involved in community or social organizations?	.....	
55	How many of those people are your close friends?	.....	