

***DRAFT***  
**SCREENING FORM**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt. # Zip

\_\_\_\_\_  
City County State

Phone \_\_\_\_\_  
Home Work Cell

Employed? ☐ Yes ☐ No Employer \_\_\_\_\_

Are you a US military Veteran? ☐ Yes ☐ No

Social Security Number \_\_\_\_\_ Date Birth \_\_\_\_\_

Have you been involved with this Batterers Intervention Program Before? ☐ Yes ☐ No

How did you come to this Batterers Intervention Program?

☐ Probation ☐ Protection Order ☐ Voluntary ☐ Other \_\_\_\_\_

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1. Have the police ever been called out to your house for a violent or abusive incident? ☐ Yes ☐ No

How many times? \_\_\_\_\_

2. Were you arrested for the most recent incident? ☐ Yes ☐ No

3. Have you been arrested in the past for a violent crime? ☐ Yes ☐ No

Arrest Date	Reason For Arrest

4. Are you on probation?    ☐ Yes    ☐ No    How long is your probation? (in months) \_\_\_\_\_

5. Who is your probation officer? \_\_\_\_\_ Phone # \_\_\_\_\_

6. What are your probation conditions? (Circle all that apply)

Batterers Intervention Program      Stay away from victim      Abstain from alcohol

Chemical dependency/alcohol evaluation      No same or similar offenses      Fine

Any other conditions of probation? \_\_\_\_\_

7. Is there any Order of Protection against you?    ☐ Yes    ☐ No

Date of Order \_\_\_\_\_ Length of Order \_\_\_\_\_ Judge \_\_\_\_\_

What are the conditions of the order? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been to counseling for abusive behavior?      Yes      No

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9. Please describe your current alcohol/drug use? \_\_\_\_\_

10. Do you think your current alcohol/drug use is excessive?      Yes      No

11. Have you ever had a chemical dependency or alcohol assessment?      Yes      No

12. Have you ever been to chemical dependency or alcohol treatment?      Yes      No

Did you complete this treatment?      Yes      No

13. Are you currently taking any medications?      Yes      No

If yes, please list the name and purpose of the medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been diagnosed with a mental health condition and or treated for one?    Yes    No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever had suicidal thoughts? Yes No
16. Have you ever attempted to commit suicide? Yes No

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17. When you were growing up, where did you hear or witness violence? (for example: home, school, boarding school, foster home, streets, correctional facility, treatment center, etc.)

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18. Thinking about when you were a child, did you ever use violence against others? (Circle all that apply)

In your family      In your neighborhood      On the street      School      Sports

Gangs      Other places? \_\_\_\_\_

19. Was there violence in your family when you were growing up? Yes No
20. Have any family/friends made comments about your abusive behavior? Yes No

If yes, what kind of behavior? \_\_\_\_\_

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21. Please describe in detail the violent/abusive actions toward your partner in the incident which brought you here?

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22. Please describe in detail the worst violence you have committed:

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23. Describe any violence you have used in previous relationships:

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**These are some behaviors that many men admit to using in relationships**

**Have you ever used any of the following behaviors?**

24. ↑ **Physical abuse**    ☐ Slapped    ☐ Punched    ☐ Grabbed around the neck  
                         ☐ Kicked    ☐ Pushed/Shoved    ☐ Thrown something at her/him  
                         ☐ Choked    ☐ Torn clothes    ☐ Spit at her/him  
                         ☐ Pulled Hair    ☐ Restrained her/him

Please describe:

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25. ↑ **Intimidation**    ☐ Screamed at her/him    ☐ Displayed weapons    ☐ Destroyed property  
                         ☐ Smashed things    ☐ Frightened her/him by certain looks, gestures or actions

Has she ever been afraid of you?    ↑    Yes    ↑    No

Please describe:

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26. ↑ **Emotional Abuse**    ☐ Put her/him down    ☐ Called her/him names    ☐ Humiliated  
                         ☐ Made her/him feel guilty    ☐ Interrupted her/his sleeping or eating  
                         ☐ Accused partner of flirting or cheating

Please describe:

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27. ↑ **Isolation:**    ☐ Kept her/him from going places she chooses (work, school, seeing family, friends)  
                         ☐ Opened her/his mail    ☐ Listened to her/his phone conversations  
                         ☐ Followed her/him around    ☐ Questioned about her/his whereabouts

Please describe:

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28. ↑ **Minimizing, denying, blaming:**

- ☐ Made light of abuse      ☐ Said it was her/his fault  
☐ Said it didn't happen      ☐ Blamed someone or something else

Please describe:

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29. ↑ **Using children:**

- ☐ Told children she/he is not a good mother/father  
☐ Threatened to take away the children  
☐ Used children to deliver messages      ☐ Used visitation to harass

Please describe:

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30. ↑ **Male privilege:**

- ☐ Treated her like a servant      ☐ Acted like the "master of the castle"  
☐ Told her what her job/role is      ☐ Not done fair share of housework      ☐ Bossed her around  
☐ Made household rules without her input      ☐ Expected her to be sexual whenever you want

Please describe:

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31. ↑ **Economic abuse:**

- ☐ Prevented her from working outside the home      ☐ Not paid child support  
☐ Made her/him ask for money      ☐ Withheld information about the family income  
☐ Kept the checkbook from her/him      ☐ Made major financial decisions without her/his input

Please describe:

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32. ↑ **Coercion and threats:**

- ☐ Threatened to harm her/him  
☐ Made her/him do something illegal  
☐ Threatened to hurt her/his family or friends  
☐ Tried to get her/him to drop charges or Order of Protection

Please describe:

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33. When was the last incident of any kind of abuse toward your partner? Date \_\_\_\_\_

Please describe:

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34. Have you used violence against other people? Yes No

Please describe:

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**Did the experiences listed below ever happen in your relationship with your partner?**

- |  |   |     |   |    |
|--|---|-----|---|----|
| 35. Has she/he ever tried to get outside help because of abuse?<br>(For example, Order of Protection, police, shelter, counseling) | † | Yes | † | No |
| 36. Have you ever hit, pushed, or shoved her while she was pregnant?   | † | Yes | † | No |
| 37. Has your partner ever received medical treatment as a result of the violence?  | † | Yes | † | No |
| 38. Have you ever threatened to kill your partner?   | † | Yes | † | No |
| 39. Have you ever threatened to use a gun or other weapon against her/him?   | † | Yes | † | No |
| 40. Have you ever injured or killed a pet?   | † | Yes | † | No |
| 41. Have you ever threatened to, or tried to commit suicide?   | † | Yes | † | No |
| 42. Have you ever pressured your partner to have sex with you?   | † | Yes | † | No |
| 43. Have you ever forced your partner to have sex with you?  | † | Yes | † | No |

**This section asks about the effects of violence on the children in your household**

44. How many children currently live with you? \_\_\_\_\_ Ages \_\_\_\_\_

45. How many children does your partner have? \_\_\_\_\_

46. How many children do you have together?

47. Have the children in your household ever seen you be violent? † Yes † No

Describe their reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Have you ever been violent when you believed children in your household were sleeping?  
† Yes † No

49. How do you think your violence might affect children in your household?

† They tried to stop your violence

† Hiding or running away

† Copying violence

† Frightened by the violence

Other behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These questions are to help you think about how to have a good relationship with your partner**

50. Place number of the answer on the blank line next to each behavior

0- Never

1- Once

2- Sometimes

3- Often

Try to remember how often you:

\_\_\_ Discuss issues relatively calmly

\_\_\_ Listen to your partner

\_\_\_ Ask for partner's opinion

\_\_\_ Talk through a disagreement

\_\_\_ Apologize to your partner

\_\_\_ Support your partner's decision to do something for herself/himself

\_\_\_ Leave the room to calm down when you've felt yourself getting upset

51. In the past six months has your relationship:

† Become more violent † Stayed about the same level of violence † Become less violent

52. Have you decided to stop using violence in the past? † Yes † No

53. What are some things you have done to avoid using violence?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

54. What positive changes would you like to make for yourself?

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**Thank you. The information helps us to evaluate our program and it may help you think about your future.**

**BIP Staff**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

**Date**

\_\_\_\_\_