

### Offender Self-Assessment

Offender Name \_\_\_\_\_

PID/DOC Number \_\_\_\_\_

Case Manager Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Below are ten (10) issues that may or may not be areas of concern to you. The first column contains these issues; the next column asks if it is a problem for you. Circle "Yes" or "No" based on your opinion. If you answer "Yes," please rate how important changing your behavior towards this issue is (1 being low 10 being high). In the last column, write in what you think are some ways you can improve the situation.

| Issue:                              | Is This a Problem For You? |    | Are You Interested in Improving...?<br>(Circle) |                    | What Can You Do to Improve the Situation? |
|-------------------------------------|----------------------------|----|---|--------------------|---|
|                                     |                            |    | Not at all                                      | Very               |   |
| Physical Health (NCN)               | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Mental Health (NCN)                 | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Family Life (FM)                    | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Relationships (Friends) (CO)        | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Education (EE)                      | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Employment (EE)                     | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Substance Abuse/ Alcohol Abuse (AD) | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Religious Involvement (LR)          | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Criminal Behavior (CH)              | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |
| Other (Fill In)                     | Yes                        | No | 1   | 2 3 4 5 6 7 8 9 10 |   |