

COLLIN COUNTY CSCD QUESTIONNAIRE

Name: _____ Date: _____

This questionnaire is to assist the probation department in expediting your intake processing. Please answer as honestly as you are able to about each question. Fill in the blank, check the appropriate answer or circle the answer(s) that best applies to you when given a choice.

THE OFFENSE/ CRIMINAL HISTORY

1. Were you drinking/using drugs when you got involved with the offense you were just placed on probation for, or any other offenses? Yes No If so, which offenses?

2. Was anyone ever hurt or threatened during any of your offenses? Yes No
3. Were you with someone else who was also arrested during any of your offenses? Yes No
4. Have you had a probation or parole sentence revoked? Yes No

RESIDENCE

5. How long have you lived at your current address? _____
6. How many times have you moved in the past year? _____
7. Who do you live with? a) spouse b) partner c) friend d) parent e) other relative f) alone
8. Current marital status: a) single b) married c) divorced d) separated e) widowed

EMPLOYMENT

9. If not working, what is your current status? a) unemployed b) homemaker c) student
d) retired e) other _____
10. If not working, what is your means of support? _____

PREVIOUS EMPLOYMENT

BUSINESS	LENGTH OF EMP	REASON FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

11. Have you ever received any of the following? a) GED b) High school diploma
c) Associate's degree d) Bachelor's degree e) Master's degree f) Other _____

FINANCIAL

12. Monthly household take-home income: _____ Monthly expenses: _____

13. Do you have any financial problems? Explain: _____

ALCOHOL/DRUG ABUSE

14. How often did you drink alcohol? a) daily b) weekly c) monthly d) occasionally e) N/A

15. How many drinks per sitting do you usually have? a) 1-2 b) 3-4 c) 5+ d) N/A

16. When did you last consume alcohol? _____

17. How often did you use drugs? a) daily b) weekly c) monthly d) occasionally e) N/A

18. What kind of drugs have you used? _____

19. When did you last use drugs? _____ What did you use? _____

HEALTH

20. Have you ever received counseling/treatment for a problem related to (*circle all that apply*):
a) Emotional b) Substance abuse c) Mental d) Physical e) Sexual

****Please take a minute to seriously consider and answer the following:**

21. What problem area(s) in your life has had the greatest influence on your negative and criminal behavior (*circle all that apply*): a) Family b) Spouse c) Friends d) Employment
e) Finances f) Drugs g) Alcohol h) Education i) Health j) Other _____

22. What problem(s) are you experiencing in your life at this time that you would like help with?

