

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

## LEGAL INVOLVEMENT AND RELATED

### CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. **In the past six months**, have you had legal issues, probation, or parole?

- Yes
- No
- Unknown

2. **In the past six months**, have you spent any nights in jail/prison?

- Yes
- No → *Skip to Q4*
- Unknown

3. **If yes, number of nights:**

\_\_\_\_\_

4. **In the past six months**, have you had court-ordered treatment?

- Yes
- No
- Unknown

5. **In the past six months**, have you had violent or aggressive thoughts?

- Yes
- No
- Unknown

6. **In the past six months**, have you had violent or aggressive behavior?

- Yes
- No
- Unknown