Violence Risk Screening Questionnaire

Patient Name: ________________________ Date: __________________

Questions about you as a child	Yes	No
Did a parent have drug or alcohol problems? Who? ________	☐	☐
Did a parent have mental illness? Who? __________	☐	☐
Has anybody in your family been in prison? Who? __________	☐	☐
Was there violence in your home growing up?	☐	☐
Were you ever in foster care or removed from your family?	☐	☐
Did you have counseling for childhood behavior problems?	☐	☐
Did you suffer childhood physical abuse?	☐	☐
Did you suffer childhood sexual abuse?	☐	☐
Did you ever start fires or harm animals?	☐	☐
Were you ever expelled from school?	☐	☐
Were you arrested as a juvenile? How many times? _____	☐	☐
Were you ever a gang member?	☐	☐
Did you use drugs or alcohol before age 10?	☐	☐

Questions about you as an adult	Yes	No
Have you ever been in jail? How many times? _____	☐	☐
Have you ever been in prison? How many times? _____	☐	☐
Have you ever violated probation or parole?	☐	☐
Have you been the subject of military disciplinary action?	☐	☐
Have you ever had a fight with a police or correctional officer?	☐	☐
Have you ever been in a fight in a treatment program?	☐	☐
Have you ever struck a healthcare worker?	☐	☐
Have you ever been placed in restraints or seclusion?	☐	☐
Have you ever been medicated against your will?	☐	☐
Have you ever been fired? How many times? _____	☐	☐
Have you ever been knocked unconscious with a head injury?	☐	☐
Have you ever used a weapon against another?	☐	☐
Have you learned any martial arts or boxing?	☐	☐

Notes:

Dr. David A. Williamson

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Legal History

Year	Charge(s)	Outcome (Jail, Prison or Probation)	Tickets when incarcerated