Support Group Screening Form

Agency Name and/or Logo Here

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May a message be left? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Detailed or nonspecific)*

Best time to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our services?

What interests you about being part of a support group at this time?

Do you have any hesitations or concerns about being in a group?

What has helped you in your healing process? (Counseling, groups, self-help, etc.)

Who lives with you at this time?

Do those individuals know about the sexual abuse? The support group?

How does the family interact/communicate?

What are the stresses in your life?

How do you take care of yourself?

Support Group Screening Form, cont’d

Type of abuse/assault: At what age?

How long did the abuse go on? Who was the perpetrator?

Has it stopped? If so, When/how? Have you always remembered the abuse?

Did you tell someone? If yes, who? Their reaction?

Have you noticed changes in yourself since the abuse? (eating, sleeping, socialization, substances, etc.)

Have you ever felt suicidal? When? How did you cope with those feelings?

Are you feeling suicidal now? How do you cope with those feelings?

Do you have a history of substance abuse? Are you currently using?

Have you ever been given a mental health diagnosis? If so, what was that diagnosis?

Have you ever been in a treatment program for mental health or substance abuse?

Are you on any medications at this time? If yes, what type?

Do you have any health concerns that you would like the group facilitators to know about?

Have you ever abused or assaulted anyone? Have you ever been convicted of a criminal offense?

Have you ever been involved in a DHHS investigation?

**Other information:**

* Due to many people having scent based allergies we are requesting all group participants refrain from wearing perfumes, colognes, after shave, etc.
* Do you have reliable transportation to and from the group?
* Are you comfortable with diversity (age, beliefs, sexual orientation, etc.) within a group setting?
* Best days/times for a group meeting?
* Do you anticipate being able to commit to weekly meetings for the duration of group?

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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