

MyDOOR 1 Self-Report Form (with Parent-Child questions)

Client ID

Practitioner

Date

Introduction

Welcome to MyDOORS. This screen helps you to tell us about your wellbeing and safety, and that of any children, at the beginning of your counselling or support service. Like a doctor who asks a range of questions in order to figure out what treatment is best for you, this screen also asks a number of questions to help us understand how to support you best. Some questions will be more relevant to you than others.

The questionnaire will take up to 20 minutes. Your practitioner will discuss your responses with you once you have completed it.

About you

In relation to the children you care for, are you? *(Tick all that apply)*

- | | | | |
|---------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Same-sex parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Kinship carer | <input type="checkbox"/> Other carer |

1. Your culture and religious background

1. Is there anything about your culture or religion that is important for us to understand in order to help you? Yes No

2. About you today

1. What's the **main** issue that brought you here today? *(If more than one applies, put 1 against the main issue and 2, 3 etc against any others)*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Relationship assistance | <input type="checkbox"/> Relationship separation | <input type="checkbox"/> My mental health | <input type="checkbox"/> Child's coping/behaviour |
| <input type="checkbox"/> Financial stress | <input type="checkbox"/> Gambling | <input type="checkbox"/> Drug/alcohol problem | <input type="checkbox"/> Wider family issue |
| <input type="checkbox"/> Other matter | | | |

2. Which words describe how **you personally** feel about the main issue?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Fine/Content | <input type="checkbox"/> Accepting/Resigned | <input type="checkbox"/> Sad/Down | <input type="checkbox"/> Distressed/Upset |
| <input type="checkbox"/> Frustrated/Annoyed | <input type="checkbox"/> Worried/Anxious | <input type="checkbox"/> Hopeless/Powerless | <input type="checkbox"/> Scared/Afraid |
| <input type="checkbox"/> Embarrassed/Humiliated | <input type="checkbox"/> Jealous/Resentful | <input type="checkbox"/> Angry/Furious | <input type="checkbox"/> Shocked/Devastated |

3a. Managing conflict with your partner

Please answer this question if you are in a current committed relationship. Otherwise skip to the next section 3b.

1. With regard to your **current partner**, over the past 6 months how often have you:

- | | | | |
|--|--------------------------------|------------------------------------|--|
| a. Felt hostile or hateful towards him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| b. Had angry disagreements with him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| c. Avoided or kept away from him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |

3b. Managing conflict with a former partner or other parent

Please answer this question if you have separated recently or if you have a child(ren) from a previous relationship. Otherwise skip to the next section 3c.

1. With regard to your **former partner** and/or your **child(ren)'s other parent**, over the past 6 months, how often have you:

- | | | | |
|--|--------------------------------|------------------------------------|--|
| a. Felt hostile or hateful towards him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| b. Had angry disagreements with him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| c. Avoided or kept away from him/her/them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |

3c. Managing conflict in wider relationships

Please answer this question about wider family members, friends, colleagues and others involved in your life (eg house mates, neighbours).

1. With regard to these **other people**, over the past 6 months, how often have you:

- | | | | |
|---|--------------------------------|------------------------------------|--|
| a. Felt hostile or hateful towards any of them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| b. Had angry disagreements with any of them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |
| c. Avoided or kept away from any of them? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not often/Never |

4. How you are coping

1. Do you have any *major* worries about how you have been coping in the past 6 months? Yes No

2. In the past 6 months, have you:

- | | | |
|--|------------------------------|-----------------------------|
| a. felt very anxious or fearful? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. felt very angry or irritated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. felt very sad/empty/depressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. done or felt things that are unusual or out of character for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. In the past year, for whatever reason:

- | | | |
|---|------------------------------|-----------------------------|
| a. have you drunk alcohol and/or used drugs more than you meant to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. have you felt you wanted or needed to cut down on your drinking and/or drug use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. is anyone else worried about your alcohol and/or drug use these days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. In the past year, for whatever reason:

- | | | |
|---|------------------------------|-----------------------------|
| a. have you gambled more than you meant to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. have you felt you wanted or needed to cut down on your gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. is anyone else worried about your gambling these days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. In the past 2 years, have you been seriously ill or injured, requiring hospitalisation? Yes No

6. In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health, gambling or drug/alcohol problem? Yes No

7. Are you getting enough emotional support now (eg from friends, family, professionals)? Yes No

5a. How your partner is coping

If you are currently in a committed relationship, then please answer these questions about your partner. Otherwise skip to the next section 5b.

1. In the past 6 months, have you had any major worries about how your partner has been coping/behaving? Yes No
2. In the past 6 months, has your partner behaved in a way that seemed:
 - a. very anxious/fearful? Yes No
 - b. very angry/irritated? Yes No
 - c. very sad/depressed? Yes No
 - d. out of character or unusual for them? Yes No
3. In the past year, have you been worried about your partner's drinking and/or drug use? Yes No
4. In the past year, have you been worried about the gambling habits of your partner? Yes No
5. In the past year, has your partner been seriously ill or injured, requiring hospitalisation? Yes No
6. In the past 2 years, to your knowledge, has your partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? Yes No

5b. How your former partner/your children's other parent is coping

If you have separated recently and/or have children from a previous relationship, then please answer these questions about that person(s). If you have not communicated with that person(s) in the past 6 months then skip to the next section 5c.

1. In the past 6 months, have you had any *major* worries about how your former partner/your children's other parent has been coping/behaving? Yes No
2. In the past 6 months, has your former partner/your children's other parent behaved in a way that seemed:
 - a. very anxious/fearful? Yes No
 - b. very angry/irritated? Yes No
 - c. very sad/depressed? Yes No
 - d. out of character or unusual for them? Yes No
3. In the past year, have you been worried about your former partner's/your children's other parent's drinking and/or drug use? Yes No
4. In the past year, has your former partner/your children's other parent been seriously ill or injured, requiring hospitalisation? Yes No
5. In the past 2 years, to your knowledge, has your former partner/your children's other parent seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? Yes No

5c. How other family members are coping

Think about others in your immediate family (like your parents or siblings) and how they are coping.

1. In the past 6 months, have you had any *major* worries about how a family member has been coping/behaving? Yes No
2. In the past 6 months, has a family member behaved in a way that seemed:
 - a. very anxious/fearful? Yes No
 - b. very angry/irritated? Yes No
 - c. very sad/depressed? Yes No
 - d. out of character or unusual for them? Yes No
3. In the past year, have you been worried about a family member's drinking and/or drug use? Yes No
4. In the past year, has a family member been seriously ill or injured, requiring hospitalisation? Yes No
5. In the past 2 years, to your knowledge, any family member seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? Yes No

6a. About your baby/young child(ren)

Please skip these questions if you do not have or care for a child under 5 years, OR if you have not spent time with these young child(ren) during the past 6 months.

These questions are about babies and pre-school children. If you have more than one child under 5 years, tick 'yes' if any question is true for ANY of your young children.

1. Does your young child(ren) have any *serious* health or developmental problems? Yes No
2. **In the past 6 months**, has any professional (teacher, doctor, etc.) been concerned about how your young child(ren) was doing? Yes No
3. **In the past 6 months**, has your young child(ren) seemed:
 - a. more distressed by normal separations than usual? Yes No
 - b. more fussy/aggressive/upset than usual? Yes No
 - c. distressed/angry/withdrawn? Yes No
 - d. behaving in concerning ways? Yes No
4. Has your young child(ren) ever heard or seen very angry disagreements or violence at home? Yes No

6b. About your school-aged children

Please skip these questions if you do not have or care for a child 5 years and over, OR if you have not spent time with these school-aged children during the past 6 months.

These questions are about your school-aged children, ages 5 to 17 years. If you have more than one child 5 years and older, tick 'yes' if any question is true for ANY of these children.

1. Does your child(ren) have any *serious* health or developmental problems? Yes No
2. **In the past 6 months**, has any professional (teacher, doctor etc.) been concerned about how your child was doing? Yes No
3. **In the past 6 months**, compared to how they usually are, do any of your children seem:
 - a. more anxious/worried? Yes No
 - b. more aggressive/angry? Yes No
 - c. more sad/withdrawn? Yes No
 - d. more defiant/disobedient? Yes No
 - e. behaving in concerning ways? Yes No
4. Has your child(ren) ever heard or seen very angry disagreements or violence at home? Yes No

7. Managing as a parent

These questions are about caring for children (including as a parent, step-parent, grandparent or carer). **Please skip this section if you do not care for a child 18 years or younger or if you have not spent time with them during the past 6 months.**

Given all that goes on at these times, parenting can be hard work.

Thinking about the **past 6 months**:

1. Was it difficult to know how your child(ren) was feeling? No Sometimes Often
2. Was it difficult to comfort and be warm with each of your children? No Sometimes Often
3. Was it difficult to set limits and deal with problem behaviour? No Sometimes Often
4. Was it difficult to support your child(ren)'s activities and interests? No Sometimes Often
5. Were you harsher towards your child(ren) than you wanted or meant to be? No Sometimes Often

The following questions are about child(ren)'s safety, your safety, and the safety of others. Even if you didn't come here intending to talk about safety, we always check to see if our clients need extra support to feel safe and be safe. Your practitioner will talk about this further with you. If you'd like any extra time to consider these questions, or help to answer them, your practitioner will be willing to assist.

8. Your child(ren)'s safety

Consider all of your children (and the children you care for), and tick 'yes' if any question is true for ANY child.

1. In the past 6 months, did you have any concerns about your child(ren)'s safety:

- | | | |
|--|------------------------------|-----------------------------|
| a. when they were with your partner or their other parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. when they were with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. when they were in the care of any other adult (eg step-parent, relative?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Has *anyone else* said they were worried about your child(ren)'s safety with anyone? Yes No

3. Have any child protection reports ever been made about your child(ren)? Yes No

a. Is there a current investigation into child protection matters? Yes No

4. If you are separated from the child(ren)'s other parent, since separation:

a. Has the other parent threatened to or actually taken the child(ren), or kept them without consent, *far beyond* the agreed time? Yes No

b. Have you threatened to or actually taken the child(ren), or kept them without consent, *far beyond* the agreed time? Yes No

9a. Your safety

The following questions include your partner (if you are in a current committed relationship); your former partner; and/or your child(ren)'s other parent.

1. In the past year, have you *in any way* been concerned for your safety because of your current or former partner or your child(ren)'s other parent? Yes No

2. Are you *now in any way* afraid for your own safety because of him/her/them, or anyone else? Yes No

3. In the past year, has anyone else said they were worried for your safety? Yes No

4. As a result of your partner/former partner/other parent's behaviour, have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them? Yes No

a. Is there **now** an Intervention/Violence/Protection Order against him/her/them? Yes No

5. In the past year, has your partner/former partner/child(ren)'s other parent:

a. Followed you or watched your movements in a way that felt worrying (eg driving by or watching your home, being in the same place when he/she/they had no business there)? Yes No

b. Tried to control you or acted in a very jealous way (eg controlling your money, where you went, who you saw)? Yes No

c. Threatened your safety? Yes No

d. Hurt you in a way that wasn't an accident or used force to get you to do something you did not want to do? Yes No

6. Has your partner/former partner/child(ren)'s other parent *ever* threatened to or actually tried to hurt or kill him/her/himself? Yes No

7. Does your partner/former partner/child(ren)'s other parent have access to a gun or other weapon? Yes No

8. If yes to any of the above: Are these, or similar behaviours becoming worse or more frequent recently? Yes No

9b. Behaving safely

1. As far as you know, has anyone expressed concern about the safety of your behaviour toward your partner, former partner, other parent or towards any child(ren)? Yes No
2. As a result of your behaviour, have the police **ever** been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against you? Yes No
 - a. Is there **now** an Intervention/Violence/Protection Order in place against you? Yes No
3. Do you think anyone (including current partners, former partners or children) is afraid of you in any way? Yes No
4. Would your partner, former partner or other parent be likely to say that you have done any of the following things **in the past year**:
 - a. Followed or watched his/her/their movements in a way that felt worrying to them (eg driving by or watching their home, being in the same place when you had no business there)? Yes No
 - b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw)? Yes No
 - c. Threatened his/her/their safety? Yes No
 - d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do something they did not want to do? Yes No
5. Have things in your life **ever** felt so bad that you have thought about hurting yourself, or even killing yourself? Yes No
 - a. If yes, do you feel that way lately? Yes No
6. Do you have access to a gun or weapon? Yes No

10. Other stresses

Are these things happening **now** and causing *major* stress for you?

1. Being unemployed/under-employed Yes No
2. Financial difficulties Yes No
3. Property/asset settlement Yes No
4. Financial support from spouse/former spouse/child support payments Yes No
5. Getting legal advice/representation Yes No
6. Housing problems Yes No
7. Transportation problems Yes No
8. Feeling lonely/isolated Yes No
9. Feeling harassed by your current or former partner, the other parent, or by their family/
/new partner (including online) Yes No
10. Illness/sickness/physical disability Yes No
11. Problems in your neighbourhood with safety, crime, drugs etc. Yes No
12. Are there any other stresses that are a *serious* problem for you at the moment?
If so, please tell us what they are. Yes No

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Citations and references

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