

MyDOOR 1 Self-Report Form (without Parent-Child questions)

Client ID
Practitioner.....
Date

About you This screen is for people who do not currently care for any children 18 years or below in any capacity (including as a step-parent, grandparent, foster carer or kinship carer). If you do care for any children 18 years or below then please advise your practitioner or receptionist before beginning this screen.

Introduction Welcome to MyDOORS. This screen helps you to tell us about your wellbeing and safety 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.

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

Please answer this question if you have separated recently. Otherwise skip to the next section 3c.

1. With regard to your **former 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 |

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 <i>major</i> worries about how you have been coping in the past 6 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. In the past 6 months, have you: | | |
| a. felt <i>very</i> anxious or fearful? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. felt <i>very</i> angry or irritated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. felt <i>very</i> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health, gambling or drug/alcohol problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you getting enough emotional support now (eg from friends, family, professionals)? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 is coping

If you have separated recently, then please answer these questions about that person. If you have not communicated with that person 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 has been coping/behaving? Yes No
2. In the past 6 months, has your former 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 former partner's drinking and/or drug use? Yes No
4. In the past year, has your former partner been seriously ill or injured, requiring hospitalisation? Yes No
5. In the past 2 years, to your knowledge, has your former partner 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

(Parent-Child questions in Sections 6, 7 and 8 are not included in this screen)

The following questions are about 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.

9a. Your safety

The following questions include your partner (if you are in a current committed relationship); and/or your former partner.

1. In the past year, have you *in any way* been concerned for your safety because of your current and/or former partner? 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'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:
 - 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 *ever* threatened to or actually tried to hurt or kill him/her/themself? Yes No
7. Does your partner/former partner 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 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 or former partner 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/they, 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/they 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 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, 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? Yes No
If so, please tell us what they are.

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Citations and references

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