

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. Y	our culture and religious bac	kground		
1.	Is there anything about your co to help you?	ulture or religion that is importan	nt for us to understand in order	□ Yes □ No
2. A	bout you today			
1.	What's the <b>main</b> issue that bro against any others)	ought you here today? ( <i>If more ti</i>	han one applies, put 1 against tl	he main issue and 2, 3 etc
	<ul> <li>Relationship assistance</li> <li>Financial stress</li> <li>Other matter</li> </ul>	<ul> <li>□ Relationship separation</li> <li>□ Gambling</li> </ul>	□ My mental health □ Drug/alcohol problem	<ul> <li>□ Child's coping/behaviour</li> <li>□ Wider family issue</li> </ul>
2.	Which words describe how you	<b>I personally</b> feel about the mair	issue?	
	<ul> <li>Fine/Content</li> <li>Frustrated/Annoyed</li> <li>Embarrassed/Humiliated</li> </ul>	<ul> <li>Accepting/Resigned</li> <li>Worried/Anxious</li> <li>Jealous/Resentful</li> </ul>	□ Sad/Down □ Hopeless/Powerless □ Angry/Furious	<ul> <li>Distressed/Upset</li> <li>Scared/Afraid</li> <li>Shocked/Devastated</li> </ul>





# 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.

□ Often

□ Often

□ Often

□ Sometimes

□ Sometimes

□ Sometimes

□ Not often/Never

□ Not often/Never

□ Not often/Never

- 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?
  - b. Had angry disagreements with him/her/them?
  - c. Avoided or kept away from him/her/them?

# 3b. Managing conflict with a former partner

	hanaging contact with a former particle				
Ple	ease answer this question if you have separated recently. Ot	herwise skip t	to the next sectio	n 3c.	
1.	With regard to your former partner, over the past 6 months, ${\rm h}$	now often hav	e you:		
	a. Felt hostile or hateful towards him/her/them?	□ Often	□ Sometimes	□ Not often/	Never
	b. Had angry disagreements with him/her/them?	□ Often	□ Sometimes	□ Not often/	
	c. Avoided or kept away from him/her/them?	□ Often	□ Sometimes	□ Not often/	Never
Bc. N	Nanaging conflict in wider relationships				
Ple	ease answer this question about wider family members, frier	nds colleague	s and others invo	lved in vour lif	e (ea
1.0	house mates, neighbours).	las, concugue		ivea in your in	c (c5
1.	With regard to these other people, over the past 6 months, he	ow often have	you:		
	a. Felt hostile or hateful towards any of them?	□ Often	□ Sometimes	□ Not often/	Never
	b. Had angry disagreements with any of them?	□ Often	□ Sometimes	□ Not often/	
	c. Avoided or kept away from any of them?	□ Often	$\Box$ Sometimes	□ Not often/	Never
1 Ц	ow you are coping				
t. I IQ					
1.	Do you have any major worries about how you have been copi	ng in the past	6 months?	□ Yes	□ No
2.	In the past 6 months, have you:				
	a. felt <i>very</i> anxious or fearful?			□ Yes	□ No
	b. felt <i>very</i> angry or irritated?			□ Yes	□ No
	c. felt <i>very</i> sad/empty/depressed?			□ Yes	□ No
	d. done or felt things that are unusual or out of character for	you?		□ Yes	□ No
3.	In the past year, for whatever reason:				
	a. have you drunk alcohol and/or used drugs more than you n			□ Yes	□ No
	b. have you felt you wanted or needed to cut down on your d	-	r drug use?	□ Yes	□ No
	c. is anyone else worried about your alcohol and/or drug use	these days?		□ Yes	□ No
4.	In the past year, for whatever reason:				
	a. have you gambled more than you meant to?			□ Yes	□ No
	b. have you felt you wanted or needed to cut down on your g	ambling?		□ Yes	□ No
	c. is anyone else worried about your gambling these days?			□ Yes	□ No
5.	In the past 2 years, have you been seriously ill or injured, req	uiring hospital	isation?	□ Yes	□ No
6.	In the past 2 years, have you seen a doctor, psychologist or ps	sychiatrist for	a mental health,		
	gambling or drug/alcohol problem?			□ Yes	□ No
7.	Are you getting enough emotional support now (eg from friend	ls, family, pro	fessionals)?	□ Yes	□ No
1 +		, iainty, più		<u> </u>	



### 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.	has been coping/behaving?	□ Yes	□ No
2.	In the past 6 months, has your former partner behaved in a way that seemed:		
	<ul> <li>a. very anxious/fearful?</li> <li>b. very angry/irritated?</li> <li>c. very sad/depressed?</li> <li>d. out of character or unusual for them?</li> </ul>	□ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ 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.

In the past 6 months, have you had any <i>major</i> worries about how a family member has been coping/behaving?	□ Yes	□ No
In the past 6 months, has a family member behaved in a way that seemed:		
a. <i>very</i> 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
In the past year, have you been worried about a family member's drinking and/or drug use?	□ Yes	□ No
In the past year, has a family member been seriously ill or injured, requiring hospitalisation	□ Yes	□ No
	🗆 Yes	□ No
	In the past 6 months, has a family member behaved in a way that seemed: a. <i>very</i> anxious/fearful? b. <i>very</i> angry/irritated?	coping/behaving?□ YesIn the past 6 months, has a family member behaved in a way that seemed:□ Yesa. very anxious/fearful?□ Yesb. very angry/irritated?□ Yesc. very sad/depressed?□ Yesd. out of character or unusual for them?□ YesIn the past year, have you been worried about a family member's drinking and/or drug use?□ YesIn the past year, has a family member been seriously ill or injured, requiring hospitalisation□ YesIn the past 2 years, to your knowledge, any family member seen a doctor, psychologist or□



#### (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. \	/our safety		
Th	ne following questions include your partner (if you are in a current committed relationship); ar	nd/or your fo	ormer partner.
1.	In the past year, have you <i>in any way</i> been concerned for your safety because of your current an former partner?	d∕or □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 <b>ever</b> been called, a crimic charge been laid, or Intervention/Violence/Protection Order been made against him/her/them?	nal □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:		
	<ul> <li>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)?</li> <li>b. Tried to control you or acted in a very jealous way (eg controlling your money, where you were who you saw)?</li> <li>c. Threatened your safety?</li> <li>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?</li> </ul>	□ Yes nt, □ Yes □ Yes	□ No □ No □ No □ No
6.	Has your partner/former partner <i>ever</i> 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 rece	ently? □Yes	🗆 No 🗆





# 9b. Behaving safely

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?       IVEs       INO         a. Is there new an Intervention/Violence/Protection Order in place against you?       IVEs       INO         3. Do you think anyone (including current partners, former partners or children) is afraid of you in any way?       IVEs       INO         4. Would your partner or former partner be likely to say that you have done any of the following things in the past year:       INO       INO         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 busines there?)       IVEs       INO         b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw?)       IVEs       INO         c. Threatened his/her/theris asfety?       IVEs       INO       INO         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?       IVEs       INO         5. Have things in your life ever felt so bad that you have thought about hurting yourself, or even kiltiling yourself?       Yes       INO         6. Do you have access to a gun or weapon?       IVEs       INO         7. Transportation grow and causing major stress for you?       IVEs       INO         9. Feeling unemployed/under-employed	c a 3. [ c 4. \ i a t t c c c 5.   k	<ul> <li>a. Is there now an Intervention/Violence/Protection Order been made against you?</li> <li>b. Is there now an Intervention/Violence/Protection Order in place against you?</li> <li>b. you think anyone (including current partners, former partners or children) is afraid of you in any way?</li> <li>Would your partner or former partner be likely to say that you have done any of the following to n the past year:</li> <li>a. Followed or watched his/her/their movements in a way that felt worrying to them (eg drivi or watching their home, being in the same place when you had no business there)?</li> <li>b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, whe they went, who they saw)?</li> <li>c. Threatened his/her/their safety?</li> <li>d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> </ul>	☐ Yes ☐ Yes hings ing by ☐ Yes ere ☐ Yes ☐ Yes ething ☐ Yes	□ No □ No □ No □ No □ No
3. Do you think anyone (including current partners, former partners or children) is afraid       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/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         a. If yes, do you felt that way lately?       Yes       No         b. Do you have access to a gun or weapon?       Yes       No         c. Financial difficulties       Yes       No         c. Financial difficulties       Yes       No         f. Housing problems       Yes       No         f. Housing problems       Yes       No         g. Property/asset settlement       Yes       No         g. Property/asset settlement       Yes       No         f. Housing problems       Yes       No         f. Housing problems       Yes       No	3. [ c 4. \ i 2 2 5. F k	<ul> <li>Do you think anyone (including current partners, former partners or children) is afraid of you in any way?</li> <li>Would your partner or former partner be likely to say that you have done any of the following to n the past year:</li> <li>a. Followed or watched his/her/their movements in a way that felt worrying to them (eg drivinor watching their home, being in the same place when you had no business there)?</li> <li>b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, what they went, who they saw)?</li> <li>c. Threatened his/her/their safety?</li> <li>d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> </ul>	☐ Yes hings ing by ☐ Yes ere ☐ Yes ☐ Yes ething ☐ Yes	□ No □ No □ No □ No
3. Do you think anyone (including current partners, former partners or children) is afraid       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/them, or acted in a very jealous way (controlling their money, where they went, who they saw?       Yes       No         c. Threatened his/her/their afety?       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         a. If yes, do you felt that way lately?       Yes       No         b. Do you have access to a gun or weapon?       Yes       No         c. Financial difficulties       Yes       No         c. Financial difficulties       Yes       No         f. Financial support from spouse/former spouse       Yes       No         f. Housing roblems       Yes       No         f. Financial support from spouse/former spouse       Yes       No         f. Financial difficulties       Yes       No         f. Financial support from spouse/former spouse       Yes       No	3. [ c 4. \ i 2 2 5. F k	<ul> <li>Do you think anyone (including current partners, former partners or children) is afraid of you in any way?</li> <li>Would your partner or former partner be likely to say that you have done any of the following to n the past year:</li> <li>a. Followed or watched his/her/their movements in a way that felt worrying to them (eg drivinor watching their home, being in the same place when you had no business there)?</li> <li>b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, what they went, who they saw)?</li> <li>c. Threatened his/her/their safety?</li> <li>d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> </ul>	hings ng by Yes ere Yes Yes thing Yes	□ No □ No □ No
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 <i>ever</i> felt so bad that you have thought about hurting yourself, or even killing yoursel?   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 5. Getting happening now and causing <i>major</i> stress for you? 1. Being unemployed/under-employed   Yes   No 5. Getting legal advice/representation   Yes   No 6. Housing problems   Yes   No 6. Freeting lonely/isolated   Yes   No 6. Freeting lonely/isolated   Yes   No 6. Freeting noneyle.   Yes   No 6. Freeting noneyle.   Yes   No 6. Transportation problems   Yes   No 6. Reeting noneyle.   Yes   No 6. Freeting noneyle.   Yes   No 6. Housing problems   Yes   No 6. Housing problems   Yes   No 6. Housing problems   Yes   No 6. Freeting lonely/isolated   Yes   No 6. Freeting lonely/isolated   Yes   No 6. Freeting noneyle.   Yes   No 6. Housing notour current or former partner, or by their family/new partner (including online)   Yes   No 6. Housing notour current or former partner, or by the	i a t c c 5. F k	<ul> <li>n the past year:</li> <li>a. Followed or watched his/her/their movements in a way that felt worrying to them (eg drivious or watching their home, being in the same place when you had no business there)?</li> <li>b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, whethey went, who they saw)?</li> <li>c. Threatened his/her/their safety?</li> <li>d. Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> <li>Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even</li> </ul>	ing by Yes Yes Yes Yes ething Yes	□ No □ No
or watching their home, being in the same place when you had no business there)? Yes No Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw)? Yes No Threatened his/her/their safety? Yes No 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? Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself? Yes No Outpet that way lately? Yes No Outpet stresses  Are these things happening now and causing major stress for you? Have these things happening now and causing major stress for you? Ne these things happening now and causing major stress for you? Yes Yes No Outpet stresses  Francial difficulties Yes No Yes Yes No Yes Yes No Yes No No No Yes Yes No No No No No Yes Yes No	5. H	<ul> <li>or watching their home, being in the same place when you had no business there)?</li> <li>Tried to control him/her/them, or acted in a very jealous way (controlling their money, whethey went, who they saw)?</li> <li>Threatened his/her/their safety?</li> <li>Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> <li>Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even</li> </ul>	□ Yes ere □ Yes □ Yes ething □ Yes	□ No □ No
c. Threatened his/her/their safety?       Image: Safety?	5. H	<ul> <li>Threatened his/her/their safety?</li> <li>Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> <li>Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even</li> </ul>	□ Yes ething □ 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?       I Yes       No         5. Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself?       I Yes       No         a. If yes, do you feel that way lately?       I Yes       No         6. Do you have access to a gun or weapon?       Yes       No         D. Other stresses       Yes       No         2. Financial difficulties       Yes       No         3. Property/asset settlement       Yes       No         4. Housing problems       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	5. H	<ul> <li>Hurt him/her/them in a way that wasn't an accident, or used force to get them to do some they did not want to do?</li> <li>Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even</li> </ul>	ething □Yes	
they did not want to do?       \Pes       \No         5. Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself?       \Pes       \No         a. If yes, do you feel that way lately?       \Pes       \No         6. Do you have access to a gun or weapon?       \Pes       \No <b>Dother stresses</b>	5. ŀ	they did not want to do? Have things in your life <i>ever</i> felt so bad that you have thought about hurting yourself, or even	□ Yes	□ No
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 <b>Other stresses</b> 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	k			
killing yourself?       \Pes       No         a. If yes, do you feel that way lately?       \Pes       No         6. Do you have access to a gun or weapon?       \Pes       No <b>Other stresses Are</b> these things happening now and causing <i>major</i> stress for you?         1. Being unemployed/under-employed       \Pes       \No         2. Financial difficulties       \Pes       \No         3. Property/asset settlement       \Pes       \No         4. Financial support from spouse/former spouse       \Pes       \No         5. Getting legal advice/representation       \Pes       \No         6. Housing problems       \Pes       \No         7. Transportation problems       \Pes       \No         8. Feeling lonely/isolated       \Pes       \No         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       \Pes       \No         10. Illness/sickness/physical disability       \Pes       \No         11. Problems in your neighbourhood with safety, crime, drugs etc.       \Pes       \No         12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?       \Pes       \No	k			
6. Do you have access to a gun or weapon?       Image: Yes       No <b>D. Other stresses</b> Image: Yes       No         Are these things happening now and causing major stress for you?       Image: Yes       No         1. Being unemployed/under-employed       Image: Yes       No         2. Financial difficulties       Image: Yes       No         3. Property/asset settlement       Image: Yes       No         4. Financial support from spouse/former spouse       Image: Yes       No         5. Getting legal advice/representation       Image: Yes       No         6. Housing problems       Image: Yes       No         7. Transportation problems       Image: Yes       No         8. Feeling lonely/isolated       Image: Yes       No         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       Image: Yes       No         10. Illness/sickness/physical disability       Image: Yes       No         11. Problems in your neighbourhood with safety, crime, drugs etc.       Image: Yes       No         12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?       Image: Yes       No			∐ Yes	□ No
D. Other stresses         Are these things happening now and causing major stress for you?         1. Being unemployed/under-employed       Yes         2. Financial difficulties       Yes         3. Property/asset settlement       Yes         4. Financial support from spouse/former spouse       Yes         5. Getting legal advice/representation       Yes         6. Housing problems       Yes         7. Transportation problems       Yes         8. Feeling lonely/isolated       Yes         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       Yes         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 <i>serious</i> problem for you at the moment?       Yes       No	ĉ	. If yes, do you feel that way lately?	□ Yes	□ No
Are these things happening now and causing major stress for you?         1. Being unemployed/under-employed       \refsilence         2. Financial difficulties       \refsilence         3. Property/asset settlement       \refsilence         4. Financial support from spouse/former spouse       \refsilence         5. Getting legal advice/representation       \refsilence         6. Housing problems       \refsilence         7. Transportation problems       \refsilence         8. Feeling lonely/isolated       \refsilence         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       \refsilence         10. Illness/sickness/physical disability       \refsilence       \refsilence         11. Problems in your neighbourhood with safety, crime, drugs etc.       \refsilence       \refsilence         12. Are there any other stresses that are a serious problem for you at the moment?       \refsilence       \refsilence	6. E	Do you have access to a gun or weapon?	□ Yes	□ No
1. Being unemployed/under-employed       \res       \No         2. Financial difficulties       \res       \No         3. Property/asset settlement       \res       \No         4. Financial support from spouse/former spouse       \res       \No         5. Getting legal advice/representation       \res       \No         6. Housing problems       \res       \No         7. Transportation problems       \res       \No         8. Feeling lonely/isolated       \res       \No         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       \res       \No         10. Illness/sickness/physical disability       \res       \No         11. Problems in your neighbourhood with safety, crime, drugs etc.       \res       \No         12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?       \res       \No	. Ot	her stresses		
2. Financial difficulties       \Pes       \No         3. Property/asset settlement       \Pes       \No         4. Financial support from spouse/former spouse       \Pes       \No         5. Getting legal advice/representation       \Pes       \No         6. Housing problems       \Pes       \No         7. Transportation problems       \Pes       \No         8. Feeling lonely/isolated       \Pes       \No         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       \Pes       \No         10. Illness/sickness/physical disability       \Pes       \No         11. Problems in your neighbourhood with safety, crime, drugs etc.       \Pes       \No         12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?       \Pes       \No	Are	these things happening <b>now</b> and causing <i>major</i> stress for you?		
3. Property/asset settlement       Image: Yes       No         4. Financial support from spouse/former spouse       Image: Yes       No         5. Getting legal advice/representation       Image: Yes       No         6. Housing problems       Image: Yes       No         7. Transportation problems       Image: Yes       No         8. Feeling lonely/isolated       Image: Yes       No         9. Feeling harassed by your current or former partner, or by their family/new partner (including online)       Image: Yes       No         10. Illness/sickness/physical disability       Image: Yes       No         11. Problems in your neighbourhood with safety, crime, drugs etc.       Image: Yes       No         12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?       Image: Yes       No	1.	Being unemployed/under-employed	□ 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 <i>serious</i> problem for you at the moment?       □ Yes       □ No	2.	Financial difficulties	□ 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 <i>serious</i> problem for you at the moment?       □ Yes       □ No	3.	Property/asset settlement	□ Yes	□ No
<ul> <li>6. Housing problems</li> <li>7. Transportation problems</li> <li>9. Feeling harassed by your current or former partner, or by their family/new partner (including online)</li> <li>9. Feeling harassed by your current or former partner, or by their family/new partner</li> <li>10. Illness/sickness/physical disability</li> <li>11. Problems in your neighbourhood with safety, crime, drugs etc.</li> <li>12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?</li> </ul>	4.	Financial support from spouse/former spouse	□ Yes	🗆 No
<ul> <li>7. Transportation problems</li> <li>Seeling lonely/isolated</li> <li>Yes</li> <li>No</li> <li>8. Feeling lonely/isolated</li> <li>Yes</li> <li>No</li> <li>9. Feeling harassed by your current or former partner, or by their family/new partner (including online)</li> <li>Yes</li> <li>No</li> <li>10. Illness/sickness/physical disability</li> <li>Yes</li> <li>No</li> <li>11. Problems in your neighbourhood with safety, crime, drugs etc.</li> <li>Yes</li> <li>No</li> <li>12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?</li> <li>Yes</li> <li>No</li> </ul>	5.	Getting legal advice/representation	□ Yes	🗆 No
<ul> <li>8. Feeling lonely/isolated □ Yes □ No</li> <li>9. Feeling harassed by your current or former partner, or by their family/new partner □ Yes □ No</li> <li>10. Illness/sickness/physical disability □ Yes □ No</li> <li>11. Problems in your neighbourhood with safety, crime, drugs etc. □ Yes □ No</li> <li>12. Are there any other stresses that are a <i>serious</i> problem for you at the moment? □ Yes □ No</li> </ul>	6.	Housing problems	□ Yes	□ No
9. Feeling harassed by your current or former partner, or by their family/new partner          \[             Yes \]         \[             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 <i>serious</i> problem for you at the moment?          \[             Yes \]         \[             No         \[             No         \]	7.	Transportation problems	□ Yes	□ No
(including online)YesNo10. Illness/sickness/physical disabilityYesNo11. Problems in your neighbourhood with safety, crime, drugs etc.YesNo12. Are there any other stresses that are a serious problem for you at the moment?YesNo	8.	Feeling lonely/isolated	□ Yes	□ No
10. Illness/sickness/physical disability          □ Yes         □ No         □ No         □ No         □ Yes         □ No	9.			
11. Problems in your neighbourhood with safety, crime, drugs etc.        Yes       12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?        Yes	10			
12. Are there any other stresses that are a <i>serious</i> problem for you at the moment?				
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### **Citations and references**

McIntosh, J.E. & Lee, J. (2016). MyDOOR 1 Self-Report Form (with Parent-Child questions) In: J.E. McIntosh & J. Lee (2024). *The MyDOORS Handbook*. Unpublished Manuscript. Relationships Australia, South Australia and The Bouverie Centre, La Trobe University.

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