

# Young Person DOORS

## YP-DOOR 1 Self-Report Form

Client ID .....  
 Practitioner .....  
 Date .....

### Introduction

Welcome to DOORS YP. We use these questions with young people to understand their wellbeing and safety. Some questions might not be relevant for you but all of your answers are important.

The form will take up to 15 minutes. Your worker will discuss your responses with you once you have completed it.

### 1. Your culture and religious background

1. Is there anything important about your culture or religion you want us to know?  Yes  No

### 2. About you today

1. Please think about the main reasons you are here today. How do you feel about those reasons? Tick all that apply.

- |   |   |   |   |
|---|---|---|---|
| <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 current partner

**Please answer this question if you are currently in a relationship/seeing someone. Otherwise skip to the next section 3b.**

1. With your **partner**, over the past three 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 fights or arguments 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 an ex

**Please answer this question if you recently broke up from a relationship/stopped seeing someone. Otherwise skip to the next section 3c.**

1. With your **ex**, over the past 3 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 fights or arguments 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 other relationships

**This question is about other important people involved in your life (e.g., family members, friends, workers, people at school, etc).**

1. With **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?  Yes  No
  - b. felt *very* angry or irritated?  Yes  No
  - c. felt *very* 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 meant to?  Yes  No
  - b. have you felt you wanted or needed to cut down on your drinking and/or drug use?  Yes  No
  - c. is anyone else worried about your alcohol and/or drug use?  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 gambling?  Yes  No
  - c. is anyone else worried about your gambling?  Yes  No
5. **In the past 2 years**, have you been seriously ill or injured and ended up in hospital?  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 (e.g., from friends, family, professionals)?  Yes  No

*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 the young people we work with need extra support to feel safe and be safe.*

#### 9a. Your safety

1. **In the past year**, have you *in any way* been concerned for your safety because of anyone (including a current and/or ex-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 anyone's behaviour (including a current or ex-partner), have the police **ever** been called, 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. Have any child protection reports ever been made about you or a family member?  Yes  No
  - a. Is there a current investigation into child protection matters about you or a family member?  Yes  No
6. **In the past year**, has anyone (including a current or ex-partner):
  - a. Followed you or watched your movements in a way that felt worrying (e.g., 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 (e.g., 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
7. Has your current or ex-partner *ever* threatened to or actually tried to hurt or kill him/her/themself?  Yes  No
8. Does your current or ex-partner have access to a gun or other weapon?  Yes  No
9. 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 anyone (including a current or ex-partner)?  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 or ex-partners) is afraid of you in any way?  Yes  No
4. Would anyone (including a current or ex-partner) be likely to say that you have done any of the following things **in the past year**:
  - a. You followed or watched his/her/their movements in a way that felt worrying to him/her/them (e.g., driving by or watching his/her/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 (e.g., controlling his/her/their money, where they went, who they saw)?  Yes  No
  - c. You 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 him/her/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. Not having a job/not getting enough shifts/work  Yes  No
2. Money problems  Yes  No
3. Legal matters  Yes  No
4. Housing problems  Yes  No
5. Transportation problems  Yes  No
6. Feeling lonely/isolated  Yes  No
7. Feeling harassed by someone (including being abused online)  Yes  No
8. Illness/sickness/physical disability  Yes  No
9. Problems in your neighbourhood with safety, crime, drugs, etc.  Yes  No
10. 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

Lee, J. & McIntosh, J.E. (2024). YP-DOOR 1 Self-Report Form. In: J. Lee & J.E. McIntosh & (2024). *The Young Persons' DOORS Handbook*. Unpublished Manuscript. Relationships Australia, South Australia and The Bouverie Centre, La Trobe University.

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