

SELF-REPORT SURVEY – COMMUNITY SUPERVISION ASSESSMENT TOOL

Name: _____

Today's Date: _____

The following questions ask about several things in your life, such as education, employment, your family, friends, and your beliefs. Please answer the following questions the best you can. There are no right or wrong answers to these questions. Some questions will be simple yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is "true" for you.

1. Highest Education

- Less than 12th Grade
- High School Graduate
- GED
- College

2. In school were you ever suspended or expelled? Yes _____ No _____

3. How long have you lived at your current address? _____

4. How many address changes have you had in the past 12 months (do not count incarceration)? _____

5. What is the age that you first began regularly using alcohol? _____

6. How long has it been since you last drank alcohol? _____

7. What is the longest period of time you have abstained from drinking? _____

8. What percent of your close friends have been in trouble with the law? _____ %

9. Would you say that you live in a "high crime" neighborhood? Yes _____ No _____

10. Were you employed at the time of your arrest? Yes _____ No _____

11. If yes, how many hours per week did you work? _____

12. Are you currently employed?

- Full-time
- Part-time
- No, I am on disability
- No, I am retired
- No, not currently employed

13. In your opinion, do you have a lot of free time? Yes _____ No _____

14. On average, approximately what percent of your week is considered free time? _____ %



