

Name _____ Group Day: _____ Group Time: _____

Quarterly Check-In Sheet

TA=Types of Abuse (From List)
 CB=# of Controlling Behaviors
 J=# of Journals turning in

A&D=Alcohol & Drug Use (Y/N)
 VC=Victim Contact (Y/N)
 SC=Self Care (1-10)

EI=Emotional Intensity (1-10)
 LS=Life Stresses (From List)
 SH=Spiritual Health (1-10)

#	Date	TA	#CB	#J	A&D?	VC?	SC	EI	LS	SH	Tools
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Types of Abuse:

- 1) Physical
- 2) Verbal
- 3) Psychological
- 4) Economic
- 5) Property
- 6) Sexual
- 7) Collateral

Life Stresses:

Changes in . . .

- 1) Living Arrangement
- 2) Job Status
- 3) Ability to Pay Bills
- 4) Primary Relationship (most recent)
- 5) Medical/Mental Health Status
- 6) Family Relationship Status
- 7) Legal
- 8) Other

Tool Shed:

Time Out:

- I am beginning to feel _____ (angry, mad, scared, hurt, etc.)
- I would like to take a time out before I become controlling and/or abusive.
- I will be back in _____ (30) minutes.
- I will do something Centering/Active (No drugs, drinking, driving)
- I'm back and ready/not ready to talk about it – if you are

Assertiveness:

"I feel _____ when _____
 because _____. I would like _____
 _____. Is that fair/agreeable/OK?"