

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)
 Tools=Specific choices, behaviors, or activities replacing abuse or control
 ORR=Overall Relapse Rating (1-10)

#	Date	TA	#CB	#J	A&D?	VC?	SC	EI	LS	SH	Tools	ORR
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

New Group Member Introduction:

- 1) Name
- 2) Number of Groups Attended
- 3) Accountability Statement
- 4) First Feeling(s) in Group
- 5) What are you Gaining?

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?"