

# DVI

## Instructions

You are completing this inventory to give the staff information that will help them understand your situation and needs.

The statements are numbered. Each statement must be answered. Read each statement carefully and choose the answer that is accurate for you. Do not skip any statements.

Do not lie or give false information. Dishonesty can be detected. This inventory measures how truthful and cooperative you are. In addition, your court related records may be used to check the information you provide.

**Alcohol** or drinking refers to beer, wine, or other liquors. **Drugs** refer to marijuana (pot), cocaine (coke), downers, crack, ice, heroin, etc.

Do not make any marks on this booklet. Mark all of your answers on the answer sheet. First, fill in the information at the top of your answer sheet. Then, starting with statement one, answer every statement.

If you have any questions, ask the testing supervisor for help.

## Section 1

The following statements must be answered True or False. If a statement is **True**, put an **X** under **T** for **True** on your answer sheet. If a statement is **False**, put an **X** under **F** for **False**. All statements must be answered.

1. There are times when I get real discouraged.
2. When I drink my personality changes and I seem like a different person.
3. I control the money in my home and how it is spent.
4. I have used drugs excessively or more than I should.
5. I get into a lot of arguments and fights.
6. At times I worry about what people think or say about me.
7. There are times when I feel guilty about my drinking.
8. I am usually submissive to others. I do not argue a lot or even fight back.
9. There are times when I feel guilty about using drugs.
10. Sometimes I get so angry I cannot control myself.
11. When I get angry or upset I often yell or break things.
12. There are times when I am really down, depressed, or discouraged.
13. Smoking marijuana or using cocaine helps me settle down and feel good.
14. Even though I drink, I usually deny drinking or say I drink less than I really do.
15. I have an explosive or violent temper.
16. I have been embarrassed at work or school by mistakes I have made.
17. Sometimes I drink too much.
18. People close to me have told me I am arrogant, demanding and controlling.
19. When offered drugs, I may or may not use them. It depends on how I feel at the time.
20. I often think of death, dying or suicide.
21. I have wished I could go back in time and do some things over -- but differently.
22. Drinking has interfered with my happiness and success in life.

23. To get what I want, I often shout, get angry or am demanding.
24. After using drugs, I have seen or heard things that were not really there.
25. I have serious marital, relationship or family problems.
26. I have done things when angry that I later regretted.
27. I have been told I have a drinking problem.
28. People that know me understand that when I am angry I push, shove and hit.
29. Within the last year, I have been using more drugs to get the same effect.
30. Sometimes I just cannot control my temper.
31. My drinking is more than just a little or minor problem.
32. There have been times when I did something wrong and was not caught.
33. My use of drugs has caused family or social problems for me.
34. When annoyed or frustrated I tend to “fly off the handle” and lash out at people.
35. I have been surprised when I saw the bruises I inflicted on my partner’s body.
36. I know I shouldn’t, but I have been jealous of someone else’s success.
37. In the last year, drinking has been a problem for me.
38. Two or more of the following apply to me (answer true or false on your answer sheet):
  - a. Insistent or demanding
  - b. Threatening or intimidating
  - c. Commanding or dominating
  - d. Swearing or verbally abusive
  - e. Manipulative or controlling
39. I have a drug-related problem.
40. I often think about revenge and how I can get even.
41. There are times when someone in my family frustrates or irritates me.
42. I have asked for help for my drinking problem.
43. I have a forceful personality and usually dominate or control others.
44. Within the last year, I have used drugs to relax or feel good.
45. I have threatened or physically hurt a member of my family.
46. It bothers me when I am overlooked or ignored by people I know.
47. I am concerned about my drinking.
48. Members of my family try to stay out of my way because they say they want to avoid an argument or confrontation with me.
49. My use of drugs has threatened my happiness and success in life.
50. When I get angry, I can be dangerous.
51. I do not have a drinking or alcohol-related problem.
52. When upset or mad I often shout, swear or put other people down.
53. There are times when I worry about my court case or the charges made against me.
54. It is important for me to dominate at home and be in charge.
55. I regret some of the things I have said or done.
56. I go to Alcoholics Anonymous or Rational Recovery meetings because of my drinking.
57. My family complains that I am always telling them what they can and cannot do.
58. I have lied about my use of drugs - either minimizing how much I use, or hiding the fact that I use drugs at all.
59. I need help to overcome my drinking problem.

60. Two or more of the following apply to me (answer true or false on your answer sheet):
  - a. Threatening
  - b. Explosive
  - c. Dangerous
  - d. Violent
  - e. Hostile
61. There have been times when I have strongly disliked someone.
62. I have had two or more memory losses (blackouts) after drinking.
63. Members of my family resent it when I tell them whom they can see or be friends with.
64. I have gone to someone for help with my drug problem.
65. If someone insults or hurts me I usually try to get even.
66. There are times when I really worry about myself and my happiness.
67. Within the last year, my family has shown concern about my drinking.
68. Some members of my family say I make their guests, friends or visitors feel uncomfortable or unwelcome in our home.
69. I use and sometimes abuse drugs.
70. There are times at home when I get really frustrated and angry.
71. Within the last year, I drank alcohol to avoid or escape from worries or problems.
72. In many relationships one person dominates and the other person submits to their control. I usually dominate and control.
73. The violence in my home doesn't usually start until I have been drinking.
74. I have been treated in a chemical dependency program for a drug problem.
75. There have been times when I have been very concerned about other's disapproval of me.
76. When I am really upset, I get in the other person's face and say things to hurt them.
77. I have a lot of problems and conflicts with people.
78. I have felt embarrassed or uneasy about some things I have done.
79. I have a drinking problem.
80. Now that I think of it, I pretty much decide what TV shows we watch at home.
81. There are times when I am discouraged and unhappy.
82. After losing control, I say I will never do it again, but always do.
83. I am concerned about my drug use.
84. When angry I sometimes lose control and unintentionally hurt or abuse others.
85. I am worried about hurting members of my family.
86. I do not always tell the whole truth when asked about my personal life.
87. I am a recovering alcoholic. I have an alcohol-related problem, but do not drink anymore.
88. I am often irritable, moody, or demanding.
89. I have pushed or hit my partner (or significant other).
90. I go to Narcotics Anonymous or Cocaine Anonymous meetings because of my drug use.
91. I am non-violent and will avoid an argument or fight whenever possible.
92. I do not consider swearing, slapping or shoving to be acts of domestic violence.
93. I am in counseling or treatment for a drug problem.
94. At times I get angry and upset at myself.

## Section 2

Rate yourself by selecting the number that describes you best. Use one of the following for your answer:

1. Rare or Never      2. Sometimes      3. Often      4. Very Often

Put an **X** on your answer sheet under the number (1, 2, 3, or 4) that applies to you.

- |                                      |   |  |
|--------------------------------------|---|--|
| 95. Exercise / Physical Activity     | 109. Financially Stable / Responsible   | 123. Admit My Errors / Mistakes        |
| 96. Self Control / Composed          | 110. Enthusiastic / Involved in Life    | 124. Sweating / Racing Heart           |
| 97. Headaches / Migraines            | 111. Tension / Stress                   | 125. Accept Constructive Suggestions   |
| 98. Positive Attitude / Outlook      | 112. Fatigued / Tired                   | 126. Trust My Own Judgment             |
| 99. Dissatisfied with Life           | 113. Directly Deal with Problems        | 127. Express Feelings Comfortably      |
| 100. Good Sense of Humor / Laugh     | 114. Emotionally Upset / Crying         | 128. Stomach Problems / Acidity        |
| 101. Anxious / Apprehensive          | 115. Share My Thoughts Comfortably      | 129. Difficulty with Others / Friction |
| 102. Depressed / Discouraged         | 116. Angry / Hostile with Others        | 130. Adaptable / Adjustable            |
| 103. Alcohol / Drugs                 | 117. Lonely / Unhappy                   | 131. Marital / Family Problems         |
| 104. Manage Time Effectively         | 118. Cope Effectively with Stress       | 132. Self Reliant / Independent        |
| 105. Insomnia / Trouble Sleeping     | 119. Nervous / Unable To Relax          | 133. Job or Work Problems / Concerns   |
| 106. Satisfied with Self / Like Self | 120. Patient / Tolerant / Understanding | 134. Satisfied / Contented with Life   |
| 107. Feel Inadequate / Inferior      | 121. Indecisive / Can't Make Decisions  | 135. Rage / Blow-up / Explode          |
| 108. Bored / Restless                | 122. Work / Job Satisfaction            |  |

### Section 3

Several available community resources and programs are listed below. Put an **X** on your answer sheet under **Y** (for **yes**) if you want to participate, or continue to participate, in a program. Put an **X** under **N** (for **no**) if you do not want to participate. Each item must be answered **Yes** or **No** on your answer sheet.

- |                           |                                   |                          |
|---------------------------|-----------------------------------|--------------------------|
| 136. Alcohol Treatment    | 140. Domestic Violence Counseling | 144. Relaxation Training |
| 137. Alcoholics Anonymous | 141. Drug Treatment               | 145. Temper Control      |
| 138. Anger Management     | 142. Narcotics Anonymous          |                          |
| 139. Cocaine Anonymous    | 143. Psychological Counseling     |                          |
- 

### Section 4

Answer the following statements to describe yourself. Put an **X** under the number (**1, 2, 3, or 4**) on your answer sheet that is accurate for you.

146. How would you describe your **temper**?
1. A serious problem
  2. A moderate problem
  3. A slight problem
  4. Not a problem
147. How would you describe your **drinking**?
1. A serious problem
  2. A moderate problem
  3. A slight problem
  4. Not a problem
148. How would you describe your **use of drugs**?
1. A serious problem
  2. A moderate problem
  3. A slight problem
  4. Not a problem
149. How would you describe your **domestic violence**?
1. A serious problem
  2. A moderate problem
  3. A slight problem
  4. Not a problem
150. How would you describe your desire to get **alcohol** treatment?
1. Want help (highly motivated)
  2. May need help (moderately motivated)
  3. Not sure (slightly motivated)
  4. No need (not motivated)
151. How would you describe your desire to get **drug** treatment?
1. Want help (highly motivated)
  2. May need help (moderately motivated)
  3. Not sure (slightly motivated)
  4. No need (not motivated)
152. How would you describe your desire to get **domestic violence** counseling?
1. Want help (highly motivated)
  2. May need help (moderately motivated)
  3. Not sure (slightly motivated)
  4. No need (not motivated)
153. During the last year, I have had **serious**:
1. Emotional problems
  2. Mental health problems
  3. Both 1 and 2 (emotional and mental health problems)
  4. None of the above
154. During the last **year**, I have been:
1. Dangerous to myself (suicidal)
  2. Dangerous to others (homicidal)
  3. Both 1 and 2 (suicidal and homicidal)
  4. None of the above
155. Regarding your counseling **or** treatment history, which of the following applies to you? I have been enrolled in a:
1. Domestic violence program
  2. Anger management program
  3. Both 1 and 2
  4. None of the above

# DVI

## ANSWER SHEET

### COMPLETE THE FOLLOWING INFORMATION

First Name:

Last Name:

Middle Initial:

Last Four Digits of Your SSN:

Age:

Sex:

Date of Birth:

Ethnicity:

Education (highest grade completed):

Marital Status:

Today's Date:

**In the following, number means the total number in your lifetime.**

1. Your age at your **first** conviction: \_\_\_\_\_
2. Number of **misdemeanor** convictions (Do not include moving violations): \_\_\_\_\_
3. Number of **felony** convictions: \_\_\_\_\_
4. Number of times on **probation**: \_\_\_\_\_
5. Number of probation **revocations**: \_\_\_\_\_
6. Number of times on **parole**: \_\_\_\_\_
7. Number of parole **revocations**: \_\_\_\_\_
8. Total number of times **arrested** (Do not include moving violations): \_\_\_\_\_
9. Number of times sentenced to **jail**: \_\_\_\_\_
10. Number of times sentenced to **prison**: \_\_\_\_\_
11. Number of **years** in jail and prison: \_\_\_\_\_
12. Number of **domestic violence** arrests: \_\_\_\_\_
13. Number of **alcohol**-related arrests: \_\_\_\_\_
14. Number of **drug**-related arrests: \_\_\_\_\_
15. Number of **assault** (not domestic violence) arrests: \_\_\_\_\_

### Section 1

If a statement is **True** put an **X** under **T** for **True**. If a statement is **False** put an **X** under **F** for **False**.

- | T         | F     | T         | F     | T         | F     |
|-----------|-------|-----------|-------|-----------|-------|
| 1. _____  | _____ | 33. _____ | _____ | 65. _____ | _____ |
| 2. _____  | _____ | 34. _____ | _____ | 66. _____ | _____ |
| 3. _____  | _____ | 35. _____ | _____ | 67. _____ | _____ |
| 4. _____  | _____ | 36. _____ | _____ | 68. _____ | _____ |
| 5. _____  | _____ | 37. _____ | _____ | 69. _____ | _____ |
| 6. _____  | _____ | 38. _____ | _____ | 70. _____ | _____ |
| 7. _____  | _____ | 39. _____ | _____ | 71. _____ | _____ |
| 8. _____  | _____ | 40. _____ | _____ | 72. _____ | _____ |
| 9. _____  | _____ | 41. _____ | _____ | 73. _____ | _____ |
| 10. _____ | _____ | 42. _____ | _____ | 74. _____ | _____ |
| 11. _____ | _____ | 43. _____ | _____ | 75. _____ | _____ |
| 12. _____ | _____ | 44. _____ | _____ | 76. _____ | _____ |
| 13. _____ | _____ | 45. _____ | _____ | 77. _____ | _____ |
| 14. _____ | _____ | 46. _____ | _____ | 78. _____ | _____ |
| 15. _____ | _____ | 47. _____ | _____ | 79. _____ | _____ |
| 16. _____ | _____ | 48. _____ | _____ | 80. _____ | _____ |
| 17. _____ | _____ | 49. _____ | _____ | 81. _____ | _____ |
| 18. _____ | _____ | 50. _____ | _____ | 82. _____ | _____ |
| 19. _____ | _____ | 51. _____ | _____ | 83. _____ | _____ |
| 20. _____ | _____ | 52. _____ | _____ | 84. _____ | _____ |
| 21. _____ | _____ | 53. _____ | _____ | 85. _____ | _____ |
| 22. _____ | _____ | 54. _____ | _____ | 86. _____ | _____ |
| 23. _____ | _____ | 55. _____ | _____ | 87. _____ | _____ |
| 24. _____ | _____ | 56. _____ | _____ | 88. _____ | _____ |
| 25. _____ | _____ | 57. _____ | _____ | 89. _____ | _____ |
| 26. _____ | _____ | 58. _____ | _____ | 90. _____ | _____ |
| 27. _____ | _____ | 59. _____ | _____ | 91. _____ | _____ |
| 28. _____ | _____ | 60. _____ | _____ | 92. _____ | _____ |
| 29. _____ | _____ | 61. _____ | _____ | 93. _____ | _____ |
| 30. _____ | _____ | 62. _____ | _____ | 94. _____ | _____ |
| 31. _____ | _____ | 63. _____ | _____ |           |       |
| 32. _____ | _____ | 64. _____ | _____ |           |       |

**Section 2**

Put an **X** under the number (1, 2, 3, or 4) that describes you best. Use the following scale to select your answers.

1. Rare or Never 2. Sometimes 3. Often 4. Very Often

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
95.	_____	_____	_____	106.	_____	_____	_____	117.	_____	_____	_____	128.	_____	_____	_____
96.	_____	_____	_____	107.	_____	_____	_____	118.	_____	_____	_____	129.	_____	_____	_____
97.	_____	_____	_____	108.	_____	_____	_____	119.	_____	_____	_____	130.	_____	_____	_____
98.	_____	_____	_____	109.	_____	_____	_____	120.	_____	_____	_____	131.	_____	_____	_____
99.	_____	_____	_____	110.	_____	_____	_____	121.	_____	_____	_____	132.	_____	_____	_____
100.	_____	_____	_____	111.	_____	_____	_____	122.	_____	_____	_____	133.	_____	_____	_____
101.	_____	_____	_____	112.	_____	_____	_____	123.	_____	_____	_____	134.	_____	_____	_____
102.	_____	_____	_____	113.	_____	_____	_____	124.	_____	_____	_____	135.	_____	_____	_____
103.	_____	_____	_____	114.	_____	_____	_____	125.	_____	_____	_____				
104.	_____	_____	_____	115.	_____	_____	_____	126.	_____	_____	_____				
105.	_____	_____	_____	116.	_____	_____	_____	127.	_____	_____	_____				

**Section 3**

Put an **X** under **Y** for **Yes** if you are interested in participating in the listed program. Put an **X** under **N** for **No** if you are not interested in participating.

Y	N	Y	N	Y	N
136.	_____	140.	_____	144.	_____
137.	_____	141.	_____	145.	_____
138.	_____	142.	_____		
139.	_____	143.	_____		

**Section 4**

Put an **X** under the number (1, 2, 3, or 4) that is most accurate for you.

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
146.	_____	_____	_____	149.	_____	_____	_____	152.	_____	_____	_____	155.	_____	_____	_____
147.	_____	_____	_____	150.	_____	_____	_____	153.	_____	_____	_____				
148.	_____	_____	_____	151.	_____	_____	_____	154.	_____	_____	_____				

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**Please turn your inventory booklet and answer sheet in to the testing supervisor.  
Thank you for your cooperation!**