

Name \_\_\_\_\_

Date \_\_\_\_\_

**SAFETY ASSESSOR-1**

Please respond to the statements below with the appropriate response to the right.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree    Not Comfortable Answering

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Not Comfortable Answering
1. Sometimes I feel like I could hurt other people	SA	A	NS	D	SD	NCA
2. Recently I have felt like I could hurt other people	SA	A	NS	D	SD	NCA
3. Most of the time I am OK, but if I get really angry I feel like I could hurt someone	SA	A	NS	D	SD	NCA
4. Sometimes I think about how I would hurt another person or other people	SA	A	NS	D	SD	NCA
5. I have recently thought about how I would hurt another person or other people	SA	A	NS	D	SD	NCA
6. I have recently made plans or taken steps to hurt another person or other people	SA	A	NS	D	SD	NCA
7. I have assaulted or physically hurt another person or other people in the past	SA	A	NS	D	SD	NCA
8. If I did hurt someone, I know exactly who it would be	SA	A	NS	D	SD	NCA
9. If I did hurt someone, it could really be almost anybody	SA	A	NS	D	SD	NCA
10. I want someone to help me so that I don't hurt someone else	SA	A	NS	D	SD	NCA
11. I have a really hard time trusting people	SA	A	NS	D	SD	NCA