

ISQ Version 6

Intake Screening Questionnaire (ISQ- 6)

This document is ONLY to be utilised in an OIMS outage – DATA must be entered by initiating Assessor when OIMS is available. ALL screeners to maintain a manual record when this form is utilised. Log inmate's name / date assessed / assessor / Date Entered on OIMS.

MIN:

Surname:

Given Names:

DOB: / / **Sex:** M F

1. Photocopy completed ISQ
2. Place original (signed by inmate) in Section 3 of CMF.
3. Input data into OIMS (when available) from Photocopy.
4. There is no need to print report and obtain inmate's signature for a second time.

Screening Location:

Assessment Initiated By: **Date:**

Narrative Summary:

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Screening Phone Call:

Referrals / Actions / Notifications:

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Q. No.	Question	Answer	Go to next Q.	Comment / Date / Number where required
Section 1	S1 - Pre-Source Screening			Tick Appropriate Box / Comment if required
Q1	Have you viewed the Custody Management Record?	Yes N/A	Q2 Q2	
Q2	Have you viewed the Inmate Identification & Observation Form? (If No~ comment required)	Yes No	Q3 Q3	
Q3	Have you viewed the Justice Health Reception Screening Assessment? (If No~ comment required)	Yes No	Q4 Q4	
Q4	Have you viewed any other reports? (E.g. Pre-Sentence Report ~ LSI-R ~ other ComCor information? Comment required as to what available or if No ~ not available)	Yes N/A	Q5 Q5	
Q5	Have you viewed existing alerts for this offender?	Yes N/A	Q6 Q6	
Q6	Has a Mandatory Notification Form been activated? (If Yes, comment required as to where and by who it was activated)	Yes No	Q7 Q7	
Q7	Does the inmate meet the criteria for Child Contact Assessment Program based on current/historical offences? (If Yes ~ Priority 1 referral to SAPO). If there is no B alert entered in OIMS the screener is to notify OIC reception/custodial officer to enter the alert	Yes No	Q8 Q9	
Q8	Has the Child Contact Assessment Program documentation already been initiated prior to screening?	Yes No	Q9 Q9	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Section 2	S2 - Personal Information			Tick Appropriate Box / Comment if required
Q9	Are you Aboriginal or Torres Strait Islander?	Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander No Offender Unable to Determine Refused to Provide information	Q10 Q10 Q10 Q10 Q10 Q10	
Q10	What language is spoken?	Language Spoken	Q11	
Q11	Is an Interpreter Required? (Ph. 131450)	Yes No	Q12 Q13	
Q12	Was an Interpreter Service utilised? (If No, comment required)	Yes No	Q13 Q13	
Q13	What is your cultural heritage?		Q14	
Q14	What is your religion?		Q15	
Section 3	S3 - General			Tick Appropriate Box / Comment if required
Q15	Record Time Interview Commenced		Q16	
Q16	Have you ever been placed in "Out of Home Care"?	No Foster Care With extended family Group home Institution Other – specify	Q17 Q17 Q17 Q17 Q17 Q17	
Q17	Do you wish to change the ECP/NOK details that have been noted in the IIO? If Yes complete the Inmate Next of Kin form and forward to Sentence Administration sentence.admin@justice.nsw.gov.au	Yes No	Q18 Q18	
Q18	Are you on Workers Compensation? (Comment of nature of injury). If Yes, refer to Industries Manager for assessment prior to employment.	Yes No	Q19 Q19	
Section 4	S4 – AVO/DVO Issues			Tick Appropriate Box / Comment if required
Q19	Do you have any current AVO order(s) against you? (Comment required - Name of person/s)	Yes - PINOP Issued Yes - Police issued No	Q20 Q20 Q21	
Q20	Have the conditions of the AVO been verified? (Comment – has email been sent to sentence.admin@justice.nsw.gov.au to verify	Yes	Q21	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
	conditions?)	No	Q21	
Q21	Have you currently taken out an AVO against anyone? (Comment required - Name of person/s)	Yes No	Q22 Q23	
Q22	Have the conditions of the AVO been verified? (Comment has email been sent to sentence.admin@justice.nsw.gov.au to verify conditions?)	Yes No	Q23 Q23	
Q23	Is your current offence related to Violence/ Abuse towards a partner or family member? Sent – Y – Intimate Partner Sent – Y – Other Family Member – (00 Program Eligibility required for either of the above) Rem – Y – Intimate Partner Rem – Y – Other Family Member – (Remand DV required for either of the above)	Sent – Y – Intimate Partner Sent – Y – Other Family member Rem – Y – Intimate Partner Rem – Y – Other Family Member No	Q24 Q24 Q24 Q24 Q25	
Q24	Were any of the following an influence in this offence?	Prescription Drugs Illicit Drugs Alcohol Gambling No	Q25 Q25 Q25 Q25 Q25	
Section 5	S5 – Embassy Concerns			Tick Appropriate Box / Comment if required
Q25	Do you wish your Consulate / Embassy to be notified?	Yes No	Q26 Q27	
Q26	Was contact initiated with relevant Consulate / Embassy? If Yes ~ Name of Consulate/Embassy and details of person contacted. If No~ reason why not. (Refer COPP 1.1 Chinese/Vietnamese and Indonesian nationals) (P1 Screener only referral to initiate contact)	Yes No	Q27 Q27	
Section 6	S6 – Immediate Concerns for Children			Tick Appropriate Box /Comment if required
Q27	Do you have any children < 18 years living with you (full or part time) to whom you are a parent/guardian?	Yes No	Q28 Q29	
Q28	How many & age range? (Comment to include number and age e.g. 1 x 4 years)	0-5 years	Q29	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
		6-10 years 11-15 years 16-Up to 18 years	Q29 Q29 Q29	
Q29	Are you a parent to any child < 18 years of age not living with you?	Yes No	Q30 Q31	
Q30	How many & age range? (Comment to include number and age e.g. 1 x 4 years)	0-5 years 6-10 years 11-15 years 16-Up to 18 years	Q31 Q31 Q31 Q31	
Q31	Do you have any children <18 years living with you (full or part time) to whom you are not a parent ?	Yes No	Q32 Q33	
Q32	How many & age range? (Comment to include number and age e.g. 1 x 4 years)	0-5 years 6-10 years 11-15 years 16-Up to 18 years	Q33 Q33 Q33 Q33	
Q33	What is the name and contact details of the person caring for child/ren that were living with you prior to custody?	Record name of person in Comment field N/A	Q34 Q37	
Q34	What is the carer's relationship to the child/ren? (If Other, comment required)	Mother Father Grandparent Sibling Other relative Other non-relative DOCS	Q35 Q35 Q35 Q35 Q35 Q35 Q35	
Q35	Was that person referred to in the previous question, living with you prior to custody?	Yes No	Q36 Q36	
Q36	Are there any care orders in place for the/se child/ren? (If Yes, P1 Screener only referral required)	Yes No	Q37 Q37	
Q37	Do you have safety concerns about these child/ren <18 years?	Yes No	Q38 Q40	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Q38	Is a Risk of Harm Report to the Child Protection mandated reporters line required? (Contact number 133627. Record Reference No: of report. If No – reason why not to be recorded)	Yes No	Q39 Q39	
Q39	Have the Police been contacted re a child in immediate danger ? (Name of person/police station contacted to be recorded. If no – reason why not to be recorded).	Yes No	Q40 Q40	
Section 7	S7 – Concerns for Family/Property			Tick Appropriate Box / Comment if required
Q40	Do you have concerns about family issues? (If Yes ~ not addressed ~ Comment required reason why not) (If not addressed – P1 Screener only referral)	Yes – addressed Yes – not addressed No	Q41 Q41 Q41	
Q41	Do you have concerns about material issues? (i.e. property, car). If Yes ~ not addressed ~ Comment required reason why not. (If not addressed – P1 Screener only referral)	Yes – addressed Yes – not addressed No	Q42 Q42 Q42	
Section 8	S8 – Centrelink Identification			Tick Appropriate Box / Comment if required
Q42	Except for Disability - Are you on Centrelink benefits/pension? If Yes~ what benefit are you receiving? (If Other comment required)	Yes - Newstart Yes - Youth Allowance Yes - Parenting Yes - Other No	Q43 Q43 Q43 Q43 Q43	
Section 9	S9 - Disability			Tick Appropriate Box / Comment if required
Q43	Do you have a Disability? (If Yes – Other, comment required as to type) (If Yes on any – check for an SDS referral in OIMS disability screen. Make referral if not already generated)	Yes – Intellectual Yes – Physical Yes – Mental health Yes – Other No	Q44 Q44 Q44 Q44 Q46	
Q44	Were you living in Supported Accommodation for the Disability?	Yes No	Q45 Q46	
Q45	Have you contacted the Supported Accommodation? (Comment required - Name of Facility & Person contacted. If no~ comment as to why not e.g. not applicable) (If No – 00 referral SAPO)	Yes No	Q46 Q46	
Q46	Are you receiving a Disability Support Pension? (If Yes on any – check for an SDS referral in OIMS disability screen. Make referral if not already generated)	Yes No	Q47 Q48	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Q47	What type of Disability Pension are you receiving? (As above if Intellectual or Physical only) (Comment if - Other)	Intellectual Physical Mental Health Other	Q48 Q48 Q48 Q48	
Q48	Are you on the National Disability Insurance Scheme? (If Yes comment on type of support received) (If Yes refer to SDS – if not already referred – add to comment in referral NDIS)	Yes No	Q49 Q49	
Q49	Are you a client of the NSW Trustee and Guardian / Office of the Protective Commission / Dept. of Aging, Disability and Home Care? (Referral via Disability Screen, comment on why they are a client)	Yes No	Q50 Q50	
Section 10	S10 – Current Accommodation			Tick Appropriate Box / Comment if required
Q50	What type of accommodation were you living in prior to custody? (If Other ~ Comment required) (If Housing NSW – Notification Required)	Housing NSW Homeless / sleeping rough Temporary Accommodation Boarding House / Caravan Park Supported Accommodation Shared Accommodation Own/rent home Other	Q51 Q51 Q51 Q51 Q51 Q51 Q51 Q51	
Section 11	S11 – Stress Factors Historical & Current			Tick Appropriate Box / Comment if required
Q51	Do you have any specific concerns/fears for your safety whilst in custody or in this correctional centre? If Yes ~ complete refer to OIC of the area to interview inmate.	Yes No	Q52 Q52	
Q52	How do you feel at the moment? (Detail inmate's response in comment field)	Comment	Q53	
Q53	Have you ever been treated or medicated for a mental health issue: e.g. depression ~ anxiety ~ PTSD or schizophrenia? (Comment required)	Yes No	Q54 Q54	
Q54	Is this your first time in custody?	Yes No	Q56 Q55	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Q55	In custody what do you do when stressed? (If Other ~ details required)	Talk to someone Gym / exercise / sport Use Drugs Use Alcohol Gamble Violence / hurt others Hurt yourself Other	Q56 Q56 Q56 Q56 Q56 Q56 Q56 Q56	
Q56	At home what do you do when stressed? (If Other- details required)	Talk to someone Gym / exercise / sport Use Drugs Use Alcohol Gamble Violence / hurt others Hurt yourself Other	Q57 Q57 Q57 Q57 Q57 Q57 Q57 Q57	
Q57	In your relationships what do you do when stressed? (If Other- details required e.g. family/partner/friends)	Talk to someone Gym / exercise / sport Use Drugs Use Alcohol Gamble Violence / hurt others Hurt yourself Other	Q58 Q58 Q58 Q58 Q58 Q58 Q58 Q58	
Q58	Have you ever hurt yourself when in a stressful situation? (Comment required)	Yes No	Q59 Q59	
Q59	Have you hurt others when stressed? (If Yes ~ details required)	Yes No	Q60 Q60	
Q60	In the last twelve months have there been any major changes or incidents in your life? (If Yes ~ Comment required)	Yes No	Q61 Q61	
Q61	Have you ever seen a counsellor or psychologist in custody or in the community? (If Yes ~ Comment required)	Yes No	Q62 Q62	
Section 12	S12 - Alcohol~ Other Drugs and Gambling			Tick Appropriate Box / Comment if required
Q62	Do you feel that any of the following has contributed to your arrest? (Comment required.) (Yes to Alcohol, Drugs and Gambling – if sentenced a 00 Program Eligibility Referral)	Alcohol Drugs Gambling No	Q63 Q63 Q63 Q63	
Section 13	S13 - Self Harm Risk Factors			Tick Appropriate Box / Comment if required

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Q63	What support will you have while you are in custody? (If Other ~ details required)	Family Friends Community Religious Other None	Q64 Q64 Q64 Q64 Q64 Q64	
Q64	Do you feel that there is hope for the future? (If No or Unsure comment required)	Yes No Unsure	Q65 Q65 Q65	
Q65	Since being arrested have you had any thoughts about any of the following: (Comment required on all responses other than - No)	Harming yourself Taking your own life Harming others No Unsure	Q66 Q66 Q66 Q66 Q66	
Q66	Do you have any current plans to self -harm or take your life? (If Yes or unsure~ then complete Mandatory Notification Form and comment on Name and Position of person to whom the Mandatory Notification Form is given)	Yes No Unsure	Q67 Q67 Q67	
Q67	Have you ever tried to take your own life or harm yourself in the past? (If Yes ~ comment on severity/ method and recency of attempt and any resulting hospitalisation or psychiatric care. Refer to COPP 3.7 RIT Guidelines.)	Yes - in the last week Yes – in the last month Yes – between 2 to 6 months ago Yes - 6 to 12 months ago Yes – 1 year to 5 years ago Yes - more than 5 years ago No	Q68 Q68 Q68 Q68 Q68 Q68 Q68	
Section 14	S14 – Integration/Exit Planning Needs			Tick Appropriate Box / Comment if required
Q68	Do you think you will need assistance with accommodation if released?	Yes No	Q69 Q69	
Q69	In what suburb do you think you will live on release?	Comment	Q70	
Q70	Will you have employment on release?	Yes No	Q71 Q71	
Q71	Would you like education/training to help you gain employment when released? (If Yes refer to Industries Manager or Education Provider)	Yes No	Q72 Q72	

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Q. No.	Question	Answer	Next Q.	Comment / Date / Number where required
Q72	Which of the following pro-social supports will you have upon release?	Family Friends Community Sports Religious Other None	Q73 Q73 Q73 Q73 Q73 Q73 Q73	
Q73	Upon release will you have custody of your children?	Yes No	Q74 Q74	
Q74	Do you need assistance with your relationship with your children?	Yes No	Q75 Q75	
Q75	Will you need help with any of the following physical health issues on release (if Other ~ comment required)	Mobility Sensory Back Hands Legs Other No	Q76 Q76 Q76 Q76 Q76 Q76 Q76	
Q76	Will you need help with your mental health on release? (If Yes - 00 Referral SAPO)	Yes No	Q77 Q77	
Q77	Are you able to live independently i.e. pay bills on time; keeping appointments; catch public transport? (If No - 00 Referral SAPO)	Yes No	Q78 Q78	
Section 15	S15 - Information for offender			Tick Appropriate Box / Comment if Required
Q78	Have you given the inmate a copy of the Inmate Handbook and basic information about what is likely to happen over the next few days? E.g. placement overnight – visits – induction meeting	Yes No	Q79 Q79	
Q79	Have you informed the inmate how to self-refer to services available in your centre, if required? (If No ~ comment required)	Yes No	Q80 Q80	
Section 16	S16 - Visual Assessment			Tick Appropriate Box / Comment if Required
Q80	Did the inmate give inappropriate answers to questions suggesting that he/she did not understand what you were asking or what is happening? (If Yes~ comment required)	Yes No	Q81 Q81	
Q81	Did the inmate have slow or unclear speech ~ slow movements ~ poor co-ordination ~ obvious problems with concentration or any other signs of disability or illness? (If Yes~ comment required)	Yes No	Q82 Q82	

