

**Network Inventory of Risks, Victories, And Needs Assessment
NIRVANA Self-Report (NSR) Form**



Youth Name: _____

FLN ID: _____

How old were you the first time you got into trouble with the police or arrested?

- Over 16 16 15 13 to 14 Under 13 Never been in trouble with police

If you wanted to find a gun, do you know where you could find one? No Yes

Please select your current school enrollment status:

- Graduated/GED Enrolled full-time Enrolled part-time Suspended Dropped out Expelled

Please select your most recent school attendance status:

- N/A not enrolled in school Few excused absences No unexcused absences
 Some partial-day unexcused absences Some full-day unexcused absences
 Missing at least one class 15 times or more during one grading period

What grades did you get on your last report card?

- Not enrolled in school Mostly As Mostly As and Bs Mostly Bs and Cs, no Fs
 Mostly Cs and Ds, some Fs Some Ds and mostly Fs

Do you know how to find and keep a job?

- I am too young to get a job. (Age 15 or under) I need to learn more about how to find, apply, keep a job.
 I know how to apply and keep a job if I needed one. I have worked long enough to receive a paycheck.

How would you describe your friends? (Check all boxes that apply)

- "I don't really have any friends, just depends on the day." "I have positive and supportive friends."
 "Sometimes my friends pressure me to do things I don't want to do"
 "My friends may be affiliated with gangs or involved in gang-related situations"

What is your current living situation?

- Consistent/Regular family/household members Currently, staying in places until we get to our long-term living situation
 Staying in a temporary shelter program Not sure where I live right now/homeless

Have you ever run away from home?

- Never ran away Has run away once Has run away 2 or 3 times Has run away 4 or 5 times
 Has run away over 5 times Currently runaway

When you go out, do your parents know who you will be with, where you are going, and when you will return?

- Yes Sometimes Never

In the past four weeks, do you know if there is any current or past DCF (child welfare) involvement with your family?

- Never Recent DCF involvement Current DCF involvement

Have you ever tried alcohol? Please check all boxes that apply:

- No past use of alcohol ever Past alcohol use Not currently using alcohol (past 4 weeks)
 My Alcohol use causes family conflict My use disrupts education My use causes health problems
 My use interferes with keeping pro-social friends My use contributes to my criminal behavior
 I need increasing amounts of alcohol to achieve same level of intoxication or high
 I experience withdrawal if I stop drinking

Have you ever tried drugs? Please check all that apply:

- No past use of drugs ever Past use of drugs Not currently using drugs (past 4 weeks)
 My Drug use causes family conflict My use disrupts education My use causes health problems
 My use interferes with keeping pro-social friends My use contributes to my criminal behavior
 I need increasing amounts of drugs to achieve same level of intoxication or high
 I experience withdrawal if I stop using

Do you now, or have you ever thought about hurting yourself?

- I have never had thoughts about suicide I have had serious thoughts about suicide
 I have made a plan to commit suicide I have attempted to commit suicide

Have you ever been prescribed medication for issues other than a physical reason? For example, mood, ADHD, etc.?

- No Yes

Sometimes young people who are away from home can be taken advantage of and asked to do sexual activities in exchange for something of value. These activities can include dancing, stripping, posing for photos, or sex of any kind. Has anyone ever asked you to do something like that? No Yes

Do you ever find that you do things without thinking first? (That could possibly lead to getting into trouble if someone finds out)

- Not really Sometimes Often Always

Do you think people want good things to happen to you? Most of the time Maybe/sometimes Never

When you are feeling things like anger, fear or really sad (depression) – do you know what kinds of things you can do to manage and work through these feelings? No Not really Sometimes Yes, most of the time

Do you ever fight or try to hurt other people when they make fun of you or your loved ones?

- No, never Yes, almost all the time Most of the time Sometimes Rarely

Have you ever lived with a parent/caregiver who went to jail/prison?

- No Yes

Have you ever felt unsupported, unloved and/or unprotected?

- No Yes

Have you ever lived with a parent/caregiver who had mental health issues? (For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)

- No Yes

Has a parent/caregiver ever insulted, humiliated, or put you down?

- No Yes

Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?

- No Yes

Have you ever lacked appropriate care by any caregiver? (For example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available; not having basic needs met such as food, shelter, clothing)

- No Yes

Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted, or humiliated by another adult? -Or- have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?

- No Yes

Has any adult in the household often or very often pushed, grabbed, slapped, or thrown something at you? -Or- has any adult in the household ever hit you so hard that you had marks or were injured? -Or- has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?

- No Yes

Have you ever experienced sexual abuse? (For example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or had oral, anal, or vaginal sex with you)

- No Yes

Have there ever been significant changes in the relationship status of your caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

- No Yes

Youth Signature:

Date: