# Medicine Horse Center
# Horses and Healing
# Confidential Pre-Group Evaluation

Date _____
ID: _____
(Please use the last 2 numbers of your street address or PO Box.)

Thank you for filling out this evaluation. The information will be used to support our funding so that we can keep this group low cost, and also to be sure that the group continues to be the highest quality possible.

There are no right answers, so please fill it out as honesty as possible for you in this moment. Thank you very much.

On a scale of 1-5, please indicate how frequently you are experiencing the following:

**Intrusive thoughts or memories of assault, trauma (i.e. Nightmares, flashbacks, easily startled, panic attacks)**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Difficulty sleeping or sleeping too much**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Suicidal thoughts and feelings**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Difficulty communicating with others about assault/abuse**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Self Blame**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Difficulty trusting others**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**Connected with your feelings**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Never | Several times per month | Several times per week | Daily | Don't Know |

**How satisfied are you with your current coping skills?**

Extremely Satisfied Neutral Extremely Dissatisfied

**How satisfied are you with your current support system?**

Extremely Satisfied Neutral Extremely Dissatisfied

**What are your goals for this group? Try to be specific.**

a._____

_____

_____

b._____

_____

_____

c. _____

_____

_____