

# SASO & Medicine Horse Center – Journey to Empowerment Through Way of the Horse

## 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 honestly 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 (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?**

1                                      2                                      3                                      4                                      5  
Extremely Satisfied                                      Neutral                                      4                                      Extremely Dissatisfied

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

1                                      2                                      3                                      4                                      5  
Extremely Satisfied                                      Neutral                                      4                                      Extremely Dissatisfied

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

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_