

Visit:	REVISIT-C									
<input checked="" type="checkbox"/> Baseline <input type="checkbox"/> Other: _____	Rater Initials:	Site Number:	Subject Initials:							
	S B	M P C	Date:	0 9	D E C	2 0	2 1			
Relationship of Informant to Subject? Social worker	Subject Number:			Start Time:		End Time:				
	0 1	2 3 4	5	7	2	:	3	0		

**MacArthur Community Violence Interview
Informant Interview – Baseline Version**

Instructions: An important part of our research is to see how often people have problems with one another. We know that many of these disputes aren't out of the ordinary for many people. I am going to read you several types of problems that happen in some peoples' lives. We would like you to tell us how often they have happened in ("participant's name") life since the last six months that is from (Date) up until (Date). You may need to spend some time to think back to when they have occurred. Take as much time as you need.

Interviewer: Ask Y/N for questions 1a to 9b first. If "Yes" for any b. questions, ask # of times for each "Yes" response, and ask probe questions as shown.

In the last 6 months...

Questions 1a and 1b	Scores	
1a. Has anyone thrown something at (____)?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
1b. Has (____) thrown something at anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 2a and 2b	Scores	
2a. Has anyone pushed, grabbed, or shoved (____)?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
2b. Has (____) pushed, grabbed, or shoved anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 3a and 3b	Scores	
3a. Has anyone slapped (____)?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
3b. Has (____) slapped anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 4a and 4b	Scores	
4a. Has anyone kicked, bitten, or choked (____)?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
4b. Has (____) kicked, bitten, or choked anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

Visit:	REVISIT-C													
	Rater Initials:			Site Number:			Subject Initials:			AS P L				
	S	B		M	P	C		Date:	0	3	DEC	2	0	21
Relationship of Informant to Subject? social worker	Subject Number:						Start Time:			7 2 : 0 0				
	0	1	2	3	4	5	*	End Time:	1	2	:	3	0	

In the last 6 months...

Questions 5a and 5b	Scores	
5a. Has anyone hit () with a fist or object or beaten () up?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
5b. Has () hit anyone with a fist or object or beaten up anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 6a and 6b	Scores	
6a. Has anyone sexually assaulted ()?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
6b. Has () sexually assaulted anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 7a and 7b	Scores	
7a. Has anyone threatened () with a knife or gun?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
7b. Has () threatened anyone with a knife or gun?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 8a and 8b	Scores	
8a. Has anyone used a knife or fired a gun at ()?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
8b. Has () used a knife or fired a gun at anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Question 9b	Scores	
9b. Has () done anything else that might be considered violent?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

Visit:		REVISIT-C									
Relationship of Informant to Subject? social worker	Rater Initials:	Site Number:			Subject Initials:			Date:			
	SA B C	MAPC									
	Subject Number:										
	012345										
	Start Time:			End Time:							

MacArthur Community Violence Interview Probe Questions

The questions below should only be asked if the informant reported YES, to any of the "b" items in the interview portion of this assessment. If the informant did not report YES, to a "b" item, check off "NA" for each applicable question in the left column.

Item Number	How many times did the incident occur?	Where did it happen (clarify the location)?	Who was the person involved in the incident?	Was anyone injured?	Was a weapon used? If Yes, where was the weapon located?	Level 1: More Serious Violence Used Weapon? Threatened with a weapon in hand? Sexually assaulted? Any other violence with injury?	Comments
e.g. 1b	2	1	2	0	0	1	
21b	3	2	0	0	0	0	
31b	3	2	0	0	0	0	
51b	3	2	0	0	0	0	

spouse = 1
 girl/boyfriend = 2
 child: NS = 3
 other family = 5
 other known = 6
 stranger = 7
 DK = 9

no injury = 0
 bruises/cuts = 1
 unconscious; internal injuries; broken bones/teeth = 2
 stab/gunshot = 3
 other, specify = 4
 DK = 9

no weapon = 0
 in hand = 1
 in room = 2
 in building = 3
 elsewhere = 4
 will obtain = 5
 NA = 8
 DK = 9

YES = 1
 NO = 0

Insert comments from each incident below

Visit:	REVISIT-C									
<input checked="" type="checkbox"/> Baseline <input type="checkbox"/> Other: _____	Rater Initials:		Site Number:		Subject Initials:					
	S B		MPC		Date:			01 Dec 2021		
	Subject Number:				Start Time:					
	012345				End Time:		12:27			

**MacArthur Community Violence Interview
Patient Interview – Baseline Version**

Instructions: An important part of our research is to see how often people have problems with one another. We know that many of these disputes aren't out of the ordinary for many people. I am going to read you several types of problems that happen in some peoples' lives. We would like you to tell us how often they have happened in your life in the last six months that is from (Date) up until (Date). You may need to spend some time to think back to when they have occurred. Take as much time as you need.

Interviewer: Ask Y/N for questions 1a to 9b first. If "Yes" for any b. questions, ask # of times for each "Yes" response, and ask probe questions as shown.

In the last 6 months...

Questions 1a and 1b	Scores	
1a. Has anyone thrown something at you?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
1b. Have you thrown something at anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 2a and 2b	Scores	
2a. Has anyone pushed, grabbed, or shoved you?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
2b. Have you pushed, grabbed, or shoved anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 3a and 3b	Scores	
3a. Has anyone slapped you?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
3b. Have you slapped anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 4a and 4b	Scores	
4a. Has anyone kicked, bitten, or choked you?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
4b. Have you kicked, bitten, or choked anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

Visit:	REVISIT-C															
	Rater Initials:			Site Number:			Subject Initials:			J	P					
	S	B		M	P	C	Date:	0	1	D	E	C	2	0	2	1
	Subject Number:						Start Time:	1	2	:	0	0				
	0	1	2	3	4	5	End Time:	1	2	:	2	7				

In the last 6 months...

Questions 5a and 5b	Scores	
5a. Has anyone hit you with a fist or object or beaten you up?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
5b. Have you hit anyone with a fist or object or beaten up anyone?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0

In the last 6 months...

Questions 6a and 6b	Scores	
6a. Has anyone sexually assaulted you?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
6b. Have you sexually assaulted anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 7a and 7b	Scores	
7a. Has anyone threatened you with a knife or gun?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0
7b. Have you threatened anyone with a knife or gun?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Questions 8a and 8b	Scores	
8a. Has anyone used a knife or fired a gun at you?	<input checked="" type="checkbox"/> YES = 1	<input type="checkbox"/> NO = 0
8b. Have you used a knife or fired a gun at anyone?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

In the last 6 months...

Question 9b	Scores	
9b. Have you done anything else that might be considered violent?	<input type="checkbox"/> YES = 1	<input checked="" type="checkbox"/> NO = 0

Visit:		REVISIT-C									
		Rater Initials:		Site Number:		Subject Initials:					
		S B		0 M P C		J P					
		Subject Number:		Date:		Start Time:		End Time:			
		012345		8/10/02		11:00 AM		11:00 AM			

MacArthur Community Violence Interview Probe Questions

The questions below should only be asked if the participant reported YES, to any of the "b" items in the interview portion of this assessment. If the participant did not report YES, to a "b" item, check off "NA" for each applicable question in the left column

Item Number	How many times did the incident occur?	Where did it happen (clarify the location)?	Who was the person involved in the incident?	Was anyone injured?	Was a weapon used? If Yes, where was the weapon located?	Level I: More Serious Violence Used Weapon, Threatened with a weapon, sexually assaulted, Any other violence with injury?	Comments
e.g. 1b	2	Community = 1	spouse = 1 girl/boy friend = 2 child: NS = 3 other family = 5 other known = 6 stranger = 7 DK = 9	no injury = 0 bruises, cuts = 1 unconscious, internal injuries, broken bones/teeth = 2 stab/gunshot = 3 other, specify = 4 DK = 9	no weapon = 0 in hand = 1 in room = 2 in building = 3 elsewhere = 4 will obtain = 5 NA = 8 DK = 9	YES = 1 NO = 0	Insert comments for each incident, if applicable
2b	2	Community = 1	spouse = 1 girl/boy friend = 2 child: NS = 3 other family = 5 other known = 6 stranger = 7 DK = 9	no injury = 0 bruises, cuts = 1 unconscious, internal injuries, broken bones/teeth = 2 stab/gunshot = 3 other, specify = 4 DK = 9	no weapon = 0 in hand = 1 in room = 2 in building = 3 elsewhere = 4 will obtain = 5 NA = 8 DK = 9	YES = 1 NO = 0	Insert comments for each incident, if applicable

3b	1	2	6	0	0	0	
5b	2	2	6	1	0	0	