

SELF RISK ASSESSMENT: (STAYING IN BOUNDS WITH OFFENDERS)*

QUESTIONS	YES	NO
1. Do you have daily contact with offenders of the opposite gender?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you in a position where you spend long periods of time with offender(s) alone?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you find yourself feeling attracted to offenders?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you casual in your enforcement of the rules with offenders?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you like some offenders more than others?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you experienced a personal crisis/loss in the last six months (e.g., financial problems, death, divorce, relationship break up)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you dissatisfied with your job or the facility/office where you work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel more comfortable talking to offenders than to co-workers or supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you enjoy having long conversations with offenders?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that you are not appreciated or recognized by the administration?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel that the offenders you work with deserve whatever they get?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you uncomfortable talking to co-workers and supervisors about work issues?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel upset or bothered if an inmate is angry or put out with you?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you at times share cigarettes, soda or food items with inmates?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you work with offenders who you would not want to work without?	<input type="checkbox"/>	<input type="checkbox"/>

* The term "Offenders" applies to all inmates/offenders

QUESTIONS	YES	NO
16. Are you willing to take risks if you really want something?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel that you have little control over your actions and future?	<input type="checkbox"/>	<input type="checkbox"/>
18. Would you prefer to work with the offenders by yourself, without other staff being around?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you find yourself defending or making excuses for offenders on a routine basis?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you feel like you are often out of sync or view things differently from your supervisors and the administrators where you work?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it important to you that the offenders like you?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is it important to you that the offenders dislike you?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does it have a favorable impact on you when an offender gives you extra attention and/or seeks your advice on a personal matter and/or confides you?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you worry about how the offenders think and feel about you?	<input type="checkbox"/>	<input type="checkbox"/>