

## Weekly Accountability Checklist

Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Report (day/date): \_\_\_\_\_ Date of Last Report (day/date): \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Case Worker: \_\_\_\_\_

My Status In The Treatment Program: \_\_\_\_\_

Reasons for my status: \_\_\_\_\_

### Things I need to be accountable for since my last report:

- |   |     |    |
|---|-----|----|
| 1. I have touched someone in an inappropriate manner.....   | YES | NO |
| 2. I have inappropriate sexual contact with someone.....  | YES | NO |
| 3. I have shown or attempted to show someone my genitals.....   | YES | NO |
| 4. I have viewed or attempted to view someone's genitals.....   | YES | NO |
| 5. I have seen, possessed, or used pornographic material.....   | YES | NO |
| 6. I have had contact with inappropriate persons (including past or potential victims).....                                       | YES | NO |
| 7. I have masturbated to inappropriate fantasies.....   | YES | NO |
| 8. I am keeping secrets or lying about my inappropriate sexual thoughts, feelings, and behaviors.....                             | YES | NO |
| 9. I am keeping secrets or lying about the details around abuse against my victims.....   | YES | NO |
| 10. I am keeping secrets or lying about other (unknown) victims of my abusive sexual behavior.....                                | YES | NO |
| 11. I have been involved in criminal behavior.....  | YES | NO |
| 12. I am keeping secrets or lying about my past criminal behavior.....  | YES | NO |
| 13. I have acted manipulative coercive, intimidating, threatening, controlling, and/or aggressive.....                            | YES | NO |
| 14. I am keeping secrets or lying about manipulative coercive, intimidating, threatening, and aggressive behavior in my past..... | YES | NO |
| 15. I have used drugs and/or alcohol (excluding cigarettes and prescribed medications).....                                       | YES | NO |
| 16. I have manipulated or misused prescription or over the counter medications.....   | YES | NO |
| 17. I am keeping secrets or lying about drug and/or alcohol use in my past.....   | YES | NO |
| 18. I have seen, held, possessed, made, or used firearms and/or weapons of any type.....  | YES | NO |
| 19. I am keeping secrets or lying about my history of possessing, making, or using firearms and/or weapons of any type.....       | YES | NO |
| 20. I have violated any or all of my probation rules.....   | YES | NO |
| 21. I have had contact with law enforcement officers, court, or county officials.....   | YES | NO |
| 22. I have traveled or taken trips without approval.....  | YES | NO |
| 23. I have visited adult businesses or establishments.....  | YES | NO |
| 24. I have isolated from therapists and members of the treatment program.....   | YES | NO |
| 25. I have neglected my treatment and/or treatment assignments.....   | YES | NO |
| 26. I have engaged in grooming behaviors with others.....   | YES | NO |
| 27. I have been irresponsible, secretive, or impulsive with money and/or finances.....  | YES | NO |
| 28. I have attempted to deceive or manipulate my therapist or treatment partners.....   | YES | NO |
| 29. I have been deceptive with others (family or community members) about my probation /treatment status.....                     | YES | NO |
| 30. I have lied on this accountability checklist or past accountability checklists.....   | YES | NO |
| 31. I have harbored cynicism and/or resentment towards the treatment program and/or providers.....                                | YES | NO |
| 32. I have harbored cynicism and/or resentments towards therapists and/or treatment partners.....                                 | YES | NO |
| 33. I have taken or used things from others for sexual or controlling purposes.....   | YES | NO |
| 34. I have had inappropriate sexual arousal or thoughts.....  | YES | NO |
| 35. I have stalked, followed, or attempted to set up someone for selfish purposes.....  | YES | NO |
| 36. I have sexually objectified someone for my own pleasure or arousal.....   | YES | NO |
| 37. I have had inappropriate sexual dreams.....   | YES | NO |

Written disclosure is required for any "YES" response to the above questions.

**While not all of these questions represent concerns that are unlawful or abusive, information on this report may be subject to verification through polygraph testing as deemed necessary by your therapist, probation officer, and/or caseworker. Legal and/or probation sanctions may be imposed for false or incomplete reporting of information.**

Signature \_\_\_\_\_ (date) \_\_\_\_\_ Reviewed by \_\_\_\_\_ (date) \_\_\_\_\_

R.Nelson (1999)