

Rating Sheet for Version 3 of the HCR-20 Kevin S. Douglas, Stephen D. Hart, Christopher D. Webster, & Henrik Belfrage

Name		Record Number									
DOB			Gender								
Nature	Purpose of Evaluation										
	HCR-20 ^{V3} Items			ence P	Υ	Omit	Relev L	ance M	Н		
Historical Scale (History of problems with)											
H1.	Violence										
	a. As a Child (12 and under)										
	b. As an Adolescent (13–17)										
	c. As an Adult (18 and over)										
H2.	Other Antisocial Behavior										
	a. As a Child (12 and under)										
	b. As an Adolescent (13–17)										
	c. As an Adult (18 and over)										
Н3.	Relationships										
	a. Intimate										
	b. Non-intimate										
H4.	Employment										
H5.	Substance Use										
Н6.	Major Mental Disorder										
	a. Psychotic Disorders										
	b. Major Mood Disorders										
	c. Other Major Mental Disorders										
H7.	Personality Disorder										
	a. Antisocial, Psychopathic, and Dissocial										
	b. Other										
H8.	Traumatic Experiences										
	a. Victimization/Trauma										
	b. Adverse Childrearing Experiences										
Н9.	Violent Attitudes										
H10.	Treatment or Supervision Response										
ОС-Н	Other Considerations										

HCR-20 ^{V3} Items				Presence				Relevance						
				Omit	N	Р	Y	Omit	L	M	Н			
Clinica	cal Scale (Recent problems with)					Rating Period:								
C1.	Insight													
	a. Mental Disorder													
	b. Violence Risk													
	c. Need for Treatment	t												
C2.	Violent Ideation or Inte	nt												
C3.	Symptoms of Major Mental Disorder													
	a. Psychotic Disorders													
	b. Major Mood Disorders													
	c. Other Major Mental Disorders													
C4.	Instability													
	a. Affective													
	b. Behavioral													
	c. Cognitive													
C5.	Treatment or Supervision Response													
	a. Compliance													
	b. Responsiveness													
OC-C	Other Considerations													
Risk Management Scale (Future problems with)			Rating Period:				Context: □In □Out							
R1.	Professional Services ar	nd Plans												
R2.	Living Situation													
R3.	Personal Support													
R4.	Treatment or Supervision Response													
	a. Compliance													
	b. Responsiveness													
R5.	Stress or Coping													
OC-R	Other Considerations													
Future Violence/ Case Prioritization		Sei	rious Physic Harm	al	Imminent Violence				Recommended Reassessment Date					
□Low	□Moderate □High	□Low	□Moderate	□High	□Low	□мо	derate	□High	YY/MM/DD:					
Evaluator			Signature				D	ate						



