Navigator Questions: College/University

Name: Date:

Demographics

1. Age: _____
2. Relationship status:

☐ Single ☐ Casually dating ☐ Casually dating, poly/open
☐ In a relationship ☐ In a relationship, poly/open ☐ Married
☐ Married, poly/open ☐ Widowed ☐ Divorced ☐ Separated

3. Are you a veteran? ☐ Yes ☐ No
   a. If yes, which of the following apply in regards to your military service? (Check all that apply)
      ☐ You were involved in active-duty combat
      ☐ Your military experience has prepared you well for the college or work environment
      ☐ You struggle with adjusting back to civilian life
      ☐ You often experience irritability and a heightened awareness or startle reflex
      ☐ You excel at college course work and complete tasks on time
      ☐ You struggle with finding purpose at school or work given all you have been through
      ☐ Your service is a source of pride and accomplishment in your life
      ☐ You feel alone and isolated

4. Gender: (Check all that apply)

☐ Woman ☐ Man [man] ☐ Non-binary ☐ Transgender
☐ Intersex ☐ Two Spirit ☐ Gender non-conforming ☐ Other: _____

5. Sexual orientation: (Check all that apply)

☐ Asexual ☐ Bisexual ☐ Gay/Lesbian ☐ Straight (heterosexual)
☐ Pansexual ☐ Queer ☐ Questioning or Unsure ☐ Other: _____

6. Race/Ethnicity: (Check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Hispanic, Latino or Spanish Origin ☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other: _____

7. Employment status:

☐ Employed full time ☐ Employed part time ☐ Unemployed and currently looking for work
☐ Unemployed and not currently looking for work ☐ Student ☐ Retired
☐ Homemaker ☐ Self-employed ☐ Unable to work

Navigator Questions: College/University

8. Occupation:_____

9. Where do you live?

☐ Rural setting ☐ Suburban setting ☐ Urban setting

10. Do you have access to a car? ☐ Yes ☐ No

11. Access to public transport? ☐ Yes ☐ No

12. Social Connections:

☐ No friends ☐ A few friends ☐ Many friends

Social Media Usage	Frequent	Occasional	None
13. Facebook	☐	☐	☐
14. YouTube	☐	☐	☐
15. Instagram	☐	☐	☐
16. TikTok	☐	☐	☐
17. Snapchat	☐	☐	☐
18. Twitter	☐	☐	☐
19. Discord	☐	☐	☐
20. Reddit	☐	☐	☐

21. Living Arrangement:

☐ On-campus ☐ Off-campus apartment ☐ Home with family
☐ Fraternity/Sorority house ☐ Unhoused

22. GPA: _____

23. Area of study: _____

24. Athletic team involvement: _____

25. Intramural sports involvement: _____

Academics

1. Do you do well in your classes (GPA above 2.5)? ☐ Yes ☐ No
2. Do you have significant challenges in your course work related to family stress, financial pressure, learning difficulty or competing priorities? ☐ Yes ☐ No
3. Do you struggle to adapt to change?

☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

4. Do you struggle with schoolwork, but with support and hard work, you are headed in a positive direction? ☐ Yes ☐ No
5. Do you know how to access academic support and tutoring at your school? ☐ Yes ☐ No
6. Do you have significant challenges in your course work related to poor attendance, attitude or commitment? ☐ Yes ☐ No

Sleeping/Eating

1. Have you experienced difficulty with sleeping (too much or too little)? ☐ Yes ☐ No | If yes:
   a. Do you have difficulty falling asleep? ☐ Yes ☐ No
   b. Do you have difficulty with early waking? ☐ Yes ☐ No
   c. Do you have frequent or intense nightmares or night terrors? ☐ Yes ☐ No
   d. Do you sleep too much or beyond normal? ☐ Yes ☐ No
   e. Do you struggle with not feeling tired or needing sleep? ☐ Yes ☐ No

2. Have you struggled with eating too much? ☐ Yes ☐ No | If yes:
   a. Do you experience hunger? ☐ Yes ☐ No
   b. Do you feel shame or embarrassment at eating too much? ☐ Yes ☐ No
   c. Have you hoarded food or felt panicked about not having enough food? ☐ Yes ☐ No
   d. Have you ever eating so much you made yourself sick (purging)? ☐ Yes ☐ No
      i. If yes, how often does this happen?

      ☐ Only once or twice ☐ A few times a year ☐ A few times a month
      ☐ Several times a week ☐ Almost daily ☐ Several times a day

3. Have you struggled with eating too little? ☐ Yes ☐ No | If yes:
   a. Do you experience hunger? ☐ Yes ☐ No
   b. Do you consume fewer than 1000 calories a day? ☐ Yes ☐ No
      i. If yes, how long has this been occurring?

      ☐ On and off for years ☐ A few times a month ☐ A few times a week ☐ Almost every day
   c. Have you lost interest in eating? ☐ Yes ☐ No
   d. Do you argue with others about not wanting to eat?

      ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No
   e. Have you ever eaten so much you made yourself sick (purging)? ☐ Yes ☐ No
      i. If yes, how often does this happen?

      ☐ Only once or twice ☐ A few times a year ☐ A few times a month
      ☐ Several times a week ☐ Almost daily ☐ Several times a day

f. How often do you weigh yourself?

☐ Never ☐ Several times a year ☐ A few times a month
☐ Several times a week ☐ Daily ☐ Several times a day

g. Has food or food consumption been the reason to avoid class, work or social outings? ☐ Yes ☐ No

4. How do you feel about your body image and appearance?

☐ Hate your appearance ☐ Not thrilled with how you look
☐ OK about how you look ☐ Love your appearance

Alcohol/Drugs

1. Have you used drugs (other than alcohol) or misused prescription medications? ☐ Yes ☐ No | If yes:

	Once or twice	Yearly	Monthly	Weekly	Daily
a. Cannabis:	☐	☐	☐	☐	☐
b. Cocaine:	☐	☐	☐	☐	☐
c. Meth:	☐	☐	☐	☐	☐
d. Heroin:	☐	☐	☐	☐	☐
e. LSD/mushrooms:	☐	☐	☐	☐	☐
f. Crack cocaine:	☐	☐	☐	☐	☐
g. Adderall/Ritalin:	☐	☐	☐	☐	☐
h. Pain Medication:	☐	☐	☐	☐	☐
i. Ecstasy/Molly:	☐	☐	☐	☐	☐
j. Other: _____	☐	☐	☐	☐	☐

k. Have you been arrested or involved with law enforcement related to your use (other than student conduct? ☐ Yes ☐ No

l. Has your use negatively impacted any of the following? (Check all that apply)

☐ Academic progress ☐ Work responsibilities ☐ Family relationships
☐ Dating or intimate relationships ☐ Social/peer relationships
☐ Financial ability to pay rent, bills or other obligations

m. Have you been to outpatient treatment for your use? ☐ Yes ☐ No

n. Have you been to inpatient treatment for your use? ☐ Yes ☐ No

o. Have you tried to stop using? ☐ Yes ☐ No

i. If yes, check all that apply:

☐ You stop briefly and almost immediately relapse
☐ You have had long periods of sobriety (months)
☐ You have had years of sobriety before a relapse
☐ There have been legal, HR or conduct actions that have forced you to cut back
☐ You are currently sober

2. Have you used alcohol? ☐ Yes ☐ No | If yes:
   a. How would you describe your use? (Check all that apply)

   ☐ Very rarely at social events
   ☐ Socially with others a few times a month
   ☐ Socially with others weekly
   ☐ Socially with others daily
   ☐ Alone rarely
   ☐ Alone several drinks a month
   ☐ Alone several drinks a week
   ☐ Alone several drinks a day
   ☐ Alone numerous drinks every day

   b. Have you been arrested or involved with law enforcement related to your use? ☐ Yes ☐ No
   c. Have you received a Driving Under the Influence (DUI) before?

   ☐ Yes, once ☐ Yes, multiple ☐ No

   d. Have friends or family expressed concern or worry about your drinking habits or encouraged you to cut back? ☐ Yes ☐ No
   e. Has your use negatively impacted any of the following? (Check all that apply)

   ☐ Academic progress ☐ Work responsibilities ☐ Family relationships
   ☐ Dating or intimate relationships ☐ Social/peer relationships
   ☐ Financial ability to pay rent, bills or other obligations

   f. Have you been to outpatient treatment for your use? ☐ Yes ☐ No
   g. Have you been to inpatient treatment for your use? ☐ Yes ☐ No
   h. Have you tried to stop using? ☐ Yes ☐ No
      i. If yes, check all that apply:

      ☐ You stop briefly and almost immediately relapse
      ☐ You have had long periods of sobriety (months)
      ☐ You have had years of sobriety before a relapse
      ☐ There have been legal, HR or conduct actions that have forced you to cut back
      ☐ You are currently sober

Negative Experiences

1. Have you recently experienced any of the following? (Check all that apply)

☐ Parental divorce or family stress
☐ Intense financial pressures
☐ An intense embarrassing event
☐ Chronic stress
☐ Harassment
☐ Bullying or teasing
☐ Sexual assault
☐ Stalking
☐ Relapse after a period of sobriety
☐ Failure to pass a pledging process (Greek Life)
☐ Failure to be selected for an athletic team or student election
☐ Doxxing (sharing of address or identifying information online)

2. Have you recently experienced loss of any of the following? (Check all that apply)

- ☐ Meaningful romantic relationship
- ☐ Pet(s)
- ☐ Job
- ☐ Academic major, internship or career future
- ☐ Chronic stress
- ☐ Friends or social group
- ☐ Living environment (house, apartment, residence hall)
- ☐ Employment position due to demotion
- ☐ Major reduction of play time on athletic team
- ☐ Intense feelings of homesickness

3. Have you experienced persecution for your beliefs, either real or imagined? ☐ Yes ☐ N

Mental Health

1. Do you worry excessively, beyond what others may worry about? ☐ Yes ☐ No | If yes:
   a. Is the worry often about the future or things out of your control? ☐ Yes ☐ No
   b. Is the worry around repetitive actions, such as turning off light switches, touching items or tasks? ☐ Yes ☐ No
      i. Does this often become a compulsion, or do you feel forced to repeat this task over and over again? ☐ Yes ☐ No
      ii. Have you missed work or school because of repetitive tasks or worries? ☐ Yes ☐ No
   c. Is the worry related to a specific thing or idea, such as being trapped in a small space, spiders, or avoiding certain smells? ☐ Yes ☐ No
2. Do you have intense panic attacks or feelings that the world is falling apart in the immediate moment? ☐ Yes ☐ No
   a. Are the panic attacks often triggered by certain things, such as being in a car on a long road trip or fear of heights? ☐ Yes ☐ No
   b. Do the panic attacks happen for no apparent reason? ☐ Yes ☐ No
   c. How often do/did you have panic attacks?

- ☐ Years ago
- ☐ A few times a year
- ☐ A few times a month
- ☐ Several times a week
- ☐ Daily
- ☐ Several times a day

3. Do you have difficulty reading social cues or talk about odd or very detailed topics? ☐ Yes ☐ No
4. Do you have an extreme sensitivity to loud noises, bright lights or large social groups? ☐ Yes ☐ No
5. Are you often teased or bullied by others for being odd or different? ☐ Yes ☐ No

	Frequently	Occasionally	Rarely	No
6. When upset, do you become very upset (bordering on hysterical)?	☐	☐	☐	☐
7. Do you often become overly focused on odd or strange details that distract you from the task at hand?	☐	☐	☐	☐
8. Are you prone to irritability and flying off the handle?	☐	☐	☐	☐

9. Do you often become excited by new ideas and have trouble keeping your thoughts focused on the task at hand? ☐ Yes ☐ No

   If yes:

	Frequently	Occasionally	Rarely	No
a. Do your racing thoughts and ideas often get you into trouble?	☐	☐	☐	☐
b. Do you frequently interrupt others and frustrate those around you?	☐	☐	☐	☐
c. Do you overspend on your credit cards and manage finances poorly?	☐	☐	☐	☐
d. Do you engage in high-risk behaviors impulsively, without thought for your safety or the safety of others?	☐	☐	☐	☐

10. Do you experience rapid shifts from happiness to sadness? ☐ Yes ☐ No
11. Are you prescribed medication to manage your mood disorder but rarely take it? ☐ Yes ☐ No
12. Do you claim numerous unlikely scenarios, such as being an airline pilot, winning the lottery or being a member of distant royalty? ☐ Yes ☐ No

13. Do you hear intrusive voices or see things that others do not? ☐ Yes ☐ No
    a. Are these voices or visions often negative and critical? ☐ Yes ☐ No
    b. How often do these voices or visions occur?

       ☐ Only once or twice ☐ Monthly ☐ Several times a month
       ☐ Weekly ☐ Daily ☐ Several times a day

    c. Do these voices or visions give direct guidance for you to do risky things or kill yourself? ☐ Yes ☐ No
    d. Do these voices or visions interfere with daily work, school or tasks?

       ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

14. Do you have odd thoughts, worries or ideas that others have trouble understanding? ☐ Yes ☐ No
    a. Are these thoughts often paranoid in nature? ☐ Yes ☐ No
    b. Have these thoughts led to disruptions in the workplace or classroom? ☐ Yes ☐ No
15. Have you been prescribed medications for this condition? ☐ Yes ☐ No
    a. Do you take your medication as prescribed by your providers?

       ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

Protective Factors

1. Do you have friends and social connections that support you during difficult times? ☐ Yes ☐ No
2. Do you have a safe place to talk through ideas, concerns, and frustrations free from criticism? ☐ Yes ☐ No

3. Do you have family, religious, academic or work-based supports that help you during difficult times?
   ☐ Yes ☐ No
4. Do you have hobbies, activities, pets or other interests that offer solace during times of stress?
   ☐ Yes ☐ No
5. While potentially frustrated in the moment, do you have the ability to keep frustrations and difficulties in perspective? ☐ Yes ☐ No
6. If you were about to take extreme action (e.g., suicide, carrying out a threat), which of these kept you from doing it? (Check all that apply)

   ☐ Friends or co-workers calmed you down
   ☐ You were concerned about the negative consequences to your work, school, friends or family
   ☐ You were able to come up with other choices and options
   ☐ Outside influences like police, human resources or conduct officer
   ☐ You were able to calm down on your own
7. How do you identify your religious affiliation? (Check all that apply)

   ☐ Evangelical Protestant ☐ Mainline Protestant ☐ Historically Black Protestant
   ☐ Catholic ☐ Mormon (LDS) ☐ Orthodox Christian ☐ Jehovah's Witness
   ☐ Jewish ☐ Muslim ☐ Buddhist ☐ Hindu
   ☐ Atheist ☐ Agnostic ☐ Other: _____
8. Do you find solace in your spiritual or religious beliefs? ☐ Yes ☐ No
9. Are you struggling with defining yourself and your faith? ☐ Yes ☐ No
10. Do you feel pressure from family or others to behave or conform in a certain manner that you find upsetting? ☐ Yes ☐ No
11. Do you view attempts at cultural competency and appreciating differences as a source of irritation and anger? ☐ Yes ☐ No
12. Do you often find yourself in conflict and arguments with those of a different race, religion or sexual orientation? ☐ Yes ☐ No
13. Have you been treated poorly because of your marginalized status? ☐ Yes ☐ No

Threat

1. Have you engaged in vandalism or destruction of property? ☐ Yes ☐ No
   a. How would this be described? (Check all that apply)

      ☐ Frequent minor destructive actions
      ☐ Often impulsive and poorly planned with minor impact
      ☐ Escalating from minor to major damage ☐ Requires HR or conduct to address with you
      ☐ Involves police or court charges

2. Do you troll others to gain attention and "push buttons"? ☐ Yes ☐ No
3. Do you engage in gaslighting or verbal/social media baiting to frustrate others? ☐ Yes ☐ No

4. Have you recently made a threat against another person, place or organization? ☐ Yes ☐ No | If yes:
   a. Which best describe the threat? (Check all that apply)

      ☐ You were upset and said something without consideration
      ☐ You were upset and said something to intimidate others
      ☐ You made a vague threat to save face
      ☐ You made a "do this or else" ultimatum
      ☐ The threat was directed to a person, but was vague about what you would actually do
      ☐ You conveyed a sense you would carry out the threat

   b. Was the threat made verbally? ☐ Yes ☐ No
      Provide any details. _____
      _____
   c. Was the threat made on social media? ☐ Yes ☐ No
      Provide any details. _____
      _____
   d. Did the threat mention a specific location? ☐ Yes ☐ No
      Provide any details. _____
      _____
   e. Did the threat mention a specific date or time? ☐ Yes ☐ No
      Provide any details. _____
      _____
   f. Do you have the resources (e.g., weapons, location, time and place) you would need to carry out the threat? ☐ Yes ☐ No
      Provide any details. _____
      _____
   g. Was the threat made due to pressure from others in your peer group? ☐ Yes ☐ No
      Provide any details. _____
      _____
   h. Have you acted upon a threat in the past? ☐ Yes ☐ No
      Provide any details. _____
      _____
   i. Do you have a history of making such threats? ☐ Yes ☐ No
      i. If yes, check all that apply:

         ☐ You make threats once in a while ☐ You make these kinds of threats all the time
         ☐ You have made threats in the past, but this latest seems more serious

5. Have you taken steps to overcome obstacles that would delay an attack or reduce the number of people killed in the attack (e.g., planning to spray paint cameras, obtaining passwords or code keys, reviewing blueprints and maps)? ☐ Yes ☐ No

6. Do you see yourself as a savior or martyr for a larger cause, a glorified avenger who has been called to bring action and change to those who have been persecuted (in a real or imaged manner)? This is often evident in your writings or on social media. ☐ Yes ☐ No

Self-Injury

1. Have you cut, burned or hit yourself intentionally? ☐ Yes ☐ No | If yes:
   a. What was the reason?

   ☐ Wanted to die ☐ Frustrated at self ☐ Angry at situation
   ☐ Boredom ☐ Curiosity ☐ Attention-seeking
   ☐ A sense of control ☐ Body modification ☐ Sensory regulation/overload
   ☐ You are unsure ☐ Other:_____

   b. How often does/did this occur?

   ☐ Years ago ☐ Several times over the past years ☐ A few times a year
   ☐ A few times a month ☐ Weekly ☐ Daily ☐ Several times a day

   c. What was used?

   ☐ Razor ☐ Broken pencil eraser ☐ Paperclip ☐ Kitchen knife (large)
   ☐ Knife, other ☐ Tattoo needle ☐ Stick and poke process
   ☐ Match ☐ Candle ☐ Lighter ☐ Stove
   ☐ Hammer ☐ Other: _____

   d. Have you been hospitalized for this? ☐ Yes ☐ No
   e. Have you received therapy or counseling for this? ☐ Yes ☐ No

Suicide

1. Do you have a general sense of sadness or worry about the future? ☐ Yes ☐ No

   If yes,

   a. Do you talk openly to others or post on social media about your hopelessness, despair, or worry about the future? ☐ Yes ☐ No
   b. Do you talk openly to others or post on social media about stressful events in your life and problems that prevent you from having a happy future? ☐ Yes ☐ No
   c. Do you talk about not wanting to be around any longer?

   ☐ Yes, directly ☐ Yes, vaguely ☐ No

   d. Have you talked to others about feeling suicidal? ☐ Yes ☐ No

   If yes:

   i. What method(s) for killing yourself have you shared? (Check all that apply)

   ☐ Drive into something ☐ Shoot self ☐ Overdose on medication
   ☐ Hang self ☐ Jump from a height ☐ Drown self
   ☐ Get hit by a car ☐ Cut self ☐ Burn self
   ☐ Other: _____

ii. Have you mentioned when you would do this? (Check all that apply)

☐ Sometime soon ☐ Today ☐ This weekend
☐ If things don't get better ☐ Other: _____

2. Have you been to outpatient therapy?

☐ Yes, currently ☐ Yes, in the past ☐ No

3. Has there been a sudden and unexplained change in your behavior or demeanor recently? ☐ Yes ☐ No

4. Have you been prescribed medication for mental illness?

☐ Yes, currently ☐ Yes, in the past ☐ No

a. If yes, do you take your medication as prescribed by your providers?

☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

5. Have you been hospitalized for mental illness? ☐ Yes ☐ No

a. If yes, check all that apply:

☐ You have been hospitalized in the past for suicidal thoughts
☐ You have been hospitalized in the past for suicide attempts
☐ You have been hospitalized voluntarily for care
☐ You have been hospitalized for threats to others
☐ You have been hospitalized once in the past
☐ You have been hospitalized a few times (2-5)
☐ You have been hospitalized many times (over 5)

	Frequently	Occasionally	Rarely	No
6. Have you experienced a lack of focus on daily tasks?	☐	☐	☐	☐
7. Do you feel isolated and alone?	☐	☐	☐	☐
8. Do you struggle with a lack of energy to complete daily tasks, such as showering, grooming and food shopping?	☐	☐	☐	☐
9. Do you have thoughts of not wanting to exist anymore?	☐	☐	☐	☐
10. Have you expressed a desire to die?	☐	☐	☐	☐
11. Have you grown increasingly distant from others?	☐	☐	☐	☐
12. Have you lost interest in activities you previously enjoyed?	☐	☐	☐	☐

Navigator Questions: College/University

Locked Perspective

1. Do you hold an intense, passionate viewpoint that you are unwilling to give up or shift from? ☐ Yes ☐ No

   If yes:

   a. What is the viewpoint related to? (Check all that apply)

   ☐ Anti-abortion ☐ Religious ideologies ☐ Social justice ideologies
   ☐ Politics ☐ Immigration ☐ Anti-LGBTQI+ rights
   ☐ Anti-political correctness ☐ Antisemitism ☐ White supremacy
   ☐ Anti-government sentiments ☐ Other: _____

   b. How long have you held this viewpoint?

   ☐ Years ☐ Months ☐ Days

   c. Do you feel so strongly about this belief that you may engage in violence because of it? ☐ Yes ☐ No

   Provide any details. _____

   _____

   d. Do you share this viewpoint with others to argue or express your frustration? ☐ Yes ☐ No

   Provide any details. _____

   _____

   e. Have you shared fantasies verbally or on social media about harming others? ☐ Yes ☐ No

   Provide any details. _____

   _____

   f. Have you shared drawings or posted memes on social media about this violence? ☐ Yes ☐ No

   g. Have you shared a video you created or linked to a video on social media about this violence? ☐ Yes ☐ No

2. Do you lack empathy for perspectives that are different than your own?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

3. Do you consume ultra-violent content (e.g., watching videos of death, visiting websites depicting horrible accidents) and generally glorify violence and violent actions in society? ☐ Yes ☐ No

4. Have you described others using their negative attributes and disempowering language (e.g., derogatory terms for women, political beliefs, religious beliefs, race, sexual orientation)?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

Anger Expression

1. Have you become enraged and upset at others around you? ☐ Yes ☐ No | If yes:

   a. Who have you become enraged or upset with?

   ☐ Friends and peers ☐ Supervisor/manager ☐ Teacher/instructor ☐ Dating partner
   ☐ Random people who irritate you ☐ Family members
   ☐ The government or other large group or organization

b. What do you do most often when enraged or upset? (Check all that apply)

- ☐ End conversation and storm off
- ☐ Yell and scream
- ☐ Taunt and tease
- ☐ Act passive aggressive
- ☐ Push and shove
- ☐ Throw objects
- ☐ Threaten physical violence (e.g., "I will hit you," "I'm going to throw this chair if you don't shut up")
- ☐ Threaten more extreme violence (e.g., "I will kill you," "I'm will run over you with my car if you keep talking")
- ☐ Become physically violent

c. How do those around you react? (Check all that apply)

- ☐ Worry about their safety
- ☐ Are physically harmed
- ☐ Are harmed to the point of needing medical attention
- ☐ Avoid you or "walk on eggshells"
- ☐ Other: _____

2. Have you been involved in an incident with a weapon? ☐ Yes ☐ No

a. If yes, what kind of weapon was used? (Check all that apply)

- ☐ Knife or other sharp/cutting object
- ☐ Bat or stick
- ☐ Firearm
- ☐ Object of convenience
- ☐ Other: _____

3. Have you researched information on a target? ☐ Yes ☐ No

a. If yes, what did you research? (Check all that apply)

- ☐ Where the target works
- ☐ What car the target drives
- ☐ Mapping or recording the target's schedule
- ☐ Asking peers or colleagues about the target
- ☐ Information about the target's home address or family
- ☐ Mapping security measures such as cameras or patrols
- ☐ Other: _____

4. Have police become involved with you? ☐ Yes ☐ No | If yes:

a. Have you been arrested or detained? ☐ Yes ☐ No

b. Have there been conduct or discipline actions? ☐ Yes ☐ No

i. If yes, what were the results of these actions? (Check all that apply)

- ☐ Required meeting with conduct officer or human resources
- ☐ Suspension
- ☐ Expulsion or firing
- ☐ Probation status
- ☐ Other: _____

5. Given opportunities to behave differently, do you tend to double down on bad behavior and/or make the same mistakes again and again without concern for consequences? ☐ Yes ☐ No

Navigator Questions: College/University

Weapons

1. Do you have access to weapons or firearms? ☐ Yes ☐ No | If yes:
   a. What weapons do you have access to? (Check all that apply)

   ☐ Handgun ☐ Rifle ☐ Explosives ☐ Combustibles
   ☐ Knives or swords ☐ Archery equipment or crossbow ☐ Volatile chemicals
   ☐ Axe or medieval weapons ☐ Poison or poison research/knowledge
   ☐ Marital arts weapons (e.g., sai, staff, throwing stars) ☐ Other: _____

   b. Have you brandished a weapon or bragged about your weapon expertise? ☐ Yes ☐ No

   Provide any details. _____

   _____

   c. Have you stockpiled ammunition for your weapons? ☐ Yes ☐ No

   d. Have the police or family members restricted your access to firearms related to a domestic dispute? ☐ Yes ☐ No

   Provide any details. _____

   _____

2. Have you obtained or researched how to obtain any of the following? (Check all that apply)

   ☐ Body armor ☐ High-capacity magazines
   ☐ Optics systems or lasers ☐ Carrying harnesses
   ☐ Large amounts of specialty ammunition (e.g., steel tip, tracer, bean bag rounds)
   ☐ Combat gear like tactical knee or elbow pads

Incel/Title IX

1. Do you hold negative attitudes toward women and feminism and see females as 'the lesser sex'? ☐ Yes ☐ No
2. Do you feel frustration and anger at being ignored or 'passed over' by those you are romantically interested in? ☐ Yes ☐ No
3. Do you feel alone, frustrated and have little success with dating or social connections? ☐ Yes ☐ No
4. Have you used language to negatively describe women such as sl*ts, wh*res, c*nts?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

5. Have you engaged in harassing or threatening behavior toward women? ☐ Yes ☐ No

   If yes:

   a. Have you physically shoved or pushed a woman in the past when you were frustrated?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

   b. Have you blocked an exit or prevented a woman from leaving a room or party because you weren't done talking?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

c. Have you used drugs or alcohol in order to have sexual intercourse with, grope, sexually degrade or photograph/record a woman?

☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

6. Do you have a poor self-concept, low sense of self-esteem and negative self-image? ☐ Yes ☐ No
7. Have you harassed, scared or yelled at women who have not acted in a manner you desired? ☐ Yes ☐ No
8. Do you seek to change your appearance, behavior, status or worth through physical exercise, cosmetic surgery, or obtaining wealth in order to overcome your genetic deficiencies and attract women?
   ☐ Yes ☐ No
9. Have you used language to negatively describe members of the GLBTQI+ community such as dy*es, f*gs, que*r?

   ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

10. Have you engaged in harassing or threatening behavior toward members of the GLBTQI+ community?
    ☐ Yes ☐ No | If yes:

    a. Have you physical shoved or pushed a member of the GLBTQI+ community in the past when you were frustrated?

    ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No

    b. Have you blocked an exit or prevented a member of the GLBTQI+ community from leaving a room or party because you weren't done talking?

    ☐ Frequently ☐ Occasionally ☐ Rarely ☐ No