STABLE-2007 – Coding Form

Evaluee Name: _____ **Date of Birth: _____**

Context of Scoring: _____ **Date of Scoring: _____**

#	Items	Score
1	Significant Social Influences	
2	Capacity for Relationship Stability	
3	Emotional Identification with Children (score *N/A* if no CSEM/victims 13 and younger)	
4	Hostility Toward Women	
5	General Social Rejection/ Loneliness	
6	Lack of Concern for Others	
7	Impulsive Acts	
8	Poor Problem Solving Skills	
9	Negative Emotionality	
10	Sex Drive	
11	Sex Preoccupation	
12	Sex as Coping	
13	Co-operation with Supervision	
	STABLE-2007 Total Score **(sum 13 Items)**	

Density of Treatment Needs	✓	**STABLE-2007 Total**	**Interpretative Description**
		0, 1, 2, 3	"Low"
		4, 5, 6, 7, 8, 9, 10, 11	"Moderate"
		12 and Higher	"High"

I, _____, believe there was sufficient information available to complete a STABLE-2007 assessment following the 2014 coding manual. I believe that this score fairly represents Mr._____'s current treatment needs.

Comments: _____

_____

_____

Evaluator Name: _____ **Evaluator Signature: _____**

