

# Deborah Serani, Psy.D.

12 Ivy Hill Drive, Smithtown New York 11787

631.366.4674

## Firearms Assessment Questionnaire

1. Are there any firearms at your residence?
2. If so, what kinds?
3. Who are the firearms registered to?
4. How are they stored?
5. Is ammunition kept in a different location?
6. If firearms and ammunition are locked, who knows the combination?
7. Who has been trained to use these firearms?
8. Does anyone else use these firearms?

9. How do you monitor "lethal means" risk in your home?

10. Do you or any family members struggle with anger, rage or bullying?

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature