Client ID#	Today's Date	Facility ID#	Zip Code	Administration
|___|___|___|___|___|___|___|___|___|___|	|___|___||___|___||___|___|	|___|___|___|___|___|___|	|___|___|___|___|___|	|___|___|

TCU ENGFORM

Please indicate how much you AGREE or DISAGREE with each statement.

	Disagree Strongly (1)	*Disagree (2)*	*Uncertain (3)*	*Agree (4)*	*Agree Strongly (5)*
1. You trust your counselor.	○	○	○	○	○
2. Time schedules for counseling sessions at this program are convenient for you.	○	○	○	○	○
3. It's always easy to follow or understand what your counselor is trying to tell you.	○	○	○	○	○
4. This program expects you to learn responsibility and self-discipline.	○	○	○	○	○
5. Your counselor is easy to talk to.	○	○	○	○	○
6. You are willing to talk about your feelings during counseling.	○	○	○	○	○
7. This program is organized and run well. ...	○	○	○	○	○
8. You are motivated and encouraged by your counselor.	○	○	○	○	○
9. You have made progress with your drug/alcohol problems.	○	○	○	○	○
10. You are satisfied with this program.	○	○	○	○	○
11. You have learned to analyze and plan ways to solve your problems.	○	○	○	○	○
12. You have made progress toward your treatment program goals.	○	○	○	○	○
13. You always attend the counseling sessions scheduled for you.	○	○	○	○	○
14. Your counselor recognizes the progress you make in treatment.	○	○	○	○	○

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|___|___|___|___|___|___|___|___|___|	|___|___||___|___||___|___|	|___|___|___|___|___|___|	|___|___|___|___|___|	|___|___|

	Disagree Strongly (1)	***Disagree (2)***	***Uncertain (3)***	***Agree (4)***	***Agree Strongly (5)***
15. Your counselor is well organized and prepared for each counseling session.	○	○	○	○	○
16. Your counselor is sensitive to your situation and problems.	○	○	○	○	○
17. Your treatment plan has reasonable objectives.	○	○	○	○	○
18. Your counselor views your problems and situations realistically.	○	○	○	○	○
19. Other clients at this program care about you and your problems.	○	○	○	○	○
20. You have stopped or greatly reduced your drug use while in this program.	○	○	○	○	○
21. Your counselor helps you develop confidence in yourself.	○	○	○	○	○
22. You always participate actively in your counseling sessions.	○	○	○	○	○
23. You have made progress in understanding your feelings and behavior.	○	○	○	○	○
24. Other clients at this program are helpful to you.	○	○	○	○	○
25. You have improved your relations with other people because of this treatment.	○	○	○	○	○
26. The staff here are efficient at doing their job.	○	○	○	○	○
27. You are similar to (or like) other clients of this program.	○	○	○	○	○
28. You have made progress with your emotional or psychological issues.	○	○	○	○	○

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	Disagree Strongly (1)	***Disagree (2)***	***Uncertain (3)***	***Agree (4)***	***Agree Strongly (5)***
29. Your counselor respects you and your opinions.	○	○	○	○	○
30. You have developed positive trusting friendships while in this program.	○	○	○	○	○
31. You give honest feedback during counseling.	○	○	○	○	○
32. You can depend on your counselor's understanding.	○	○	○	○	○
33. There is a sense of family (or community) in this program.	○	○	○	○	○
34. You can get plenty of personal counseling at this program.	○	○	○	○	○
35. This program location is convenient for you.	○	○	○	○	○
36. You are following your counselor's guidance.	○	○	○	○	

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