

SELF RATING AT INTAKE (TCU METHADONE OUTPATIENT FORMS)

TO BE COMPLETED BY STAFF:

[FORM---; CARD 01]

SITE #:	CLIENT ID#:	TODAY'S DATE:	COUNSELOR ID#:
_	_ _ _ _ _	_ _ _ _ _ _	_ _ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]

INSTRUCTIONS: Circle the answer that shows how much you agree or disagree each item describes you or the way you have been feeling lately.

DISAGREE NOT AGREE
 STRONGLY SURE STRONGLY

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|------|
| 1. Your drug use is a problem for you. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [19] |
| 2. You like to take chances. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [20] |
| 3. You feel people are important to you. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [21] |
| 4. You skipped school while growing up. ... | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [22] |
| 5. You feel sad or depressed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [23] |
| 6. You feel honesty is required
in every situation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [24] |
| 7. You need help in dealing with
your drug use. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [25] |
| 8. You consider how your actions
will affect others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [26] |
| 9. You have too many outside
responsibilities now to be in
this treatment program. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [27] |
| 10. You have much to be proud of. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [28] |
| 11. Your drug use is more trouble than
it's worth. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [29] |

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SELF RATING AT INTAKE (Continued)

	DISAGREE		NOT		AGREE			
	1	2	3	4	5	6	7	
	STRONGLY		SURE		STRONGLY			
12. In general, you are satisfied with yourself.	1	2	3	4	5	6	7	[30]
13. You like the "fast" life.	1	2	3	4	5	6	7	[31]
14. You took things that did not belong to you when you were young.	1	2	3	4	5	6	7	[32]
15. You could be sent to jail or prison if you are not in treatment.	1	2	3	4	5	6	7	[33]
16. You feel mistreated by other people.	1	2	3	4	5	6	7	[34]
17. You have thoughts of committing suicide.	1	2	3	4	5	6	7	[35]
18. You have trouble sitting still for long.	1	2	3	4	5	6	7	[36]
19. Your drug use is causing problems with the law.	1	2	3	4	5	6	7	[37]
20. You plan ahead.	1	2	3	4	5	6	7	[38]
21. You like others to feel afraid of you.	1	2	3	4	5	6	7	[39]
22. You have trouble following rules and laws.	1	2	3	4	5	6	7	[40]
23. This treatment program seems too demanding for you.	1	2	3	4	5	6	7	[41]
24. You feel lonely.	1	2	3	4	5	6	7	[42]
25. You like friends who are wild.	1	2	3	4	5	6	7	[43]
26. Your drug use is causing problems in thinking or doing your work.	1	2	3	4	5	6	7	[44]
27. You had good relations with your parents while growing up.	1	2	3	4	5	6	7	[45]
28. You like to do things that are strange or exciting.	1	2	3	4	5	6	7	[46]

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SELF RATING AT INTAKE (Continued)

	DISAGREE	NOT			AGREE			
	STRONGLY	SURE	STRONGLY			
29. It is urgent that you find help immediately for your drug use.	1	2	3	4	5	6	7	[47]
30. You feel like a failure.	1	2	3	4	5	6	7	[48]
31. You have trouble sleeping.	1	2	3	4	5	6	7	[49]
32. You feel a lot of pressure to be in treatment.	1	2	3	4	5	6	7	[50]
33. You depend on "things" more than on "people".....	1	2	3	4	5	6	7	[51]
34. Your drug use is causing problems with your family or friends.	1	2	3	4	5	6	7	[52]
35. You had feelings of anger and frustration during your childhood.	1	2	3	4	5	6	7	[53]
36. You feel interested in life.	1	2	3	4	5	6	7	[54]
37. This treatment may be your last chance to solve your drug problems.	1	2	3	4	5	6	7	[55]
38. You have urges to fight or hurt others.	1	2	3	4	5	6	7	[56]
39. You think about probable results of your actions.	1	2	3	4	5	6	7	[57]
40. You are tired of the problems caused by drugs.	1	2	3	4	5	6	7	[58]
41. You avoid anything dangerous.	1	2	3	4	5	6	7	[59]
42. You feel you are basically no good.	1	2	3	4	5	6	7	[60]
43. This kind of treatment program will <u>not</u> be very helpful to you.	1	2	3	4	5	6	7	[61]
44. You have a hot temper.	1	2	3	4	5	6	7	[62]
45. You have trouble making decisions.	1	2	3	4	5	6	7	[63]
46. Your drug use is causing problems in finding or keeping a job.	1	2	3	4	5	6	7	[64]

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SELF RATING AT INTAKE (Continued)

	DISAGREE	NOT	AGREE					
	STRONGLY	SURE	STRONGLY					
47. You keep the same friends for a long time.	1	2	3	4	5	6	7	[65]
48. You have legal problems that require you to be in treatment.	1	2	3	4	5	6	7	[66]
49. You think of several different ways to solve a problem.	1	2	3	4	5	6	7	[67]
50. You plan to stay in this treatment program for awhile.	1	2	3	4	5	6	7	[68]
51. You got involved in arguments and fights while growing up.	1	2	3	4	5	6	7	[69]
52. You feel anxious or nervous.	1	2	3	4	5	6	7	[70]
53. You will give up your friends and hangouts to solve your drug problems.	1	2	3	4	5	6	7	[71]
54. You analyze problems by looking at all the choices.	1	2	3	4	5	6	7	[72]
55. Your temper gets you into fights or other trouble.	1	2	3	4	5	6	7	[73]
56. You make decisions without thinking about consequences.	1	2	3	4	5	6	7	[74]
57. While a teenager, you got into trouble with school authorities or the police.	1	2	3	4	5	6	7	[75]
58. You can quit using drugs without any help.	1	2	3	4	5	6	7	[76]
59. You have trouble concentrating or remembering things.	1	2	3	4	5	6	7	[77]
60. Your drug use is causing problems with your health.	1	2	3	4	5	6	7	[78]
61. You feel extra tired or run down.	1	2	3	4	5	6	7	[79]
62. You work hard to keep a job.	1	2	3	4	5	6	7	[80]

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SELF RATING AT INTAKE (Continued)

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	DISAGREE	NOT	AGREE					
	STRONGLY	SURE	STRONGLY					
63. You are in this treatment program because someone else made you come.	1	2	3	4	5	6	7	[11]
64. You make good decisions.	1	2	3	4	5	6	7	[12]
65. You had good self-esteem and confidence while growing up.	1	2	3	4	5	6	7	[13]
66. You feel afraid of certain things, like elevators, crowds, or going out alone.	1	2	3	4	5	6	7	[14]
67. You are concerned about legal problems.	1	2	3	4	5	6	7	[15]
68. You only do things that feel safe.	1	2	3	4	5	6	7	[16]
69. Your life has gone out of control.	1	2	3	4	5	6	7	[17]
70. You get mad at other people easily.	1	2	3	4	5	6	7	[18]
71. Your religious beliefs are very important in your life.	1	2	3	4	5	6	7	[19]
72. Your drug use is making your life become worse and worse.	1	2	3	4	5	6	7	[20]
73. You wish you had more respect for yourself.	1	2	3	4	5	6	7	[21]
74. You worry or brood a lot.	1	2	3	4	5	6	7	[22]
75. This treatment program can really help you.	1	2	3	4	5	6	7	[23]
76. You have carried weapons, like knives or guns.	1	2	3	4	5	6	7	[24]
77. You feel tense or keyed-up.	1	2	3	4	5	6	7	[25]
78. You were emotionally or physically abused while you were young.	1	2	3	4	5	6	7	[26]
79. You are very careful and cautious.	1	2	3	4	5	6	7	[27]

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SELF RATING AT INTAKE (Continued)

	DISAGREE	NOT	AGREE					
	STRONGLY	SURE	STRONGLY					
80. You want to be in a drug treatment program.	1	2	3	4	5	6	7	[28]
81. You think about what causes your current problems.	1	2	3	4	5	6	7	[29]
82. Taking care of your family is very important.	1	2	3	4	5	6	7	[30]
83. Your drug use is going to cause your death if you do not quit soon.	1	2	3	4	5	6	7	[31]
84. You feel you are unimportant to others.	1	2	3	4	5	6	7	[32]
85. You feel a lot of anger inside you.	1	2	3	4	5	6	7	[33]
86. You want to get your life straightened out.	1	2	3	4	5	6	7	[34]
87. You feel tightness or tension in your muscles.	1	2	3	4	5	6	7	[35]
88. You have family members who want you to be in treatment.	1	2	3	4	5	6	7	[36]
89. I have little control over the things that happen to me.	1	2	3	4	5	6	7	[37]
90. There is really no way I can solve some of the problems I have.	1	2	3	4	5	6	7	[38]
91. There is little I can do to change many of the important things in my life.	1	2	3	4	5	6	7	[39]
92. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7	[40]
93. Sometimes I feel that I am being pushed around in life.	1	2	3	4	5	6	7	[41]
94. What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7	[42]
95. I can do just about anything I really set my mind to do.	1	2	3	4	5	6	7	[43]

End of Form