

--	--	--	--	--

CJ Client Evaluation of Self and Treatment Intake Version (TCU CJ CEST-Intake)

Instruction Page

Please read each of the following statements about how you see yourself or your treatment in this agency. Indicate how strongly you AGREE or DISAGREE with the statement by filling in the appropriate circle. If you strongly disagree with the statement, fill in the circle under the “Disagree Strongly” column. If you disagree with the statement, but don’t feel strongly about it, fill in the circle under the “Disagree” column. If you don’t know whether you agree or disagree with the statement, fill in the circle below the “Uncertain” column. If you agree with the statement, but don’t feel very strongly about it, fill in the circle below the “Agree” column. If you agree with the statement and feel strongly about it, fill in the circle under the “Agree Strongly” column. Please mark only one circle for each statement. When you are finished, return this survey to your counselor.

The examples below show how to mark the circles --

For example -- ●

	<i>Disagree Strongly</i> <i>(1)</i>	<i>Disagree</i> <i>(2)</i>	<i>Uncertain</i> <i>(3)</i>	<i>Agree</i> <i>(4)</i>	<i>Agree Strongly</i> <i>(5)</i>
<p>Person 1. I like chocolate ice cream. ○ ● ○ ○ ○</p> <p style="text-align: center;"><i><u>This person disagrees a little so she probably doesn’t like chocolate ice cream.</u></i></p>					
<p>Person 2. I like chocolate ice cream. ○ ○ ○ ○ ●</p> <p style="text-align: center;"><i>This person likes chocolate ice cream a lot.</i></p>					
<p>Person 3. I like chocolate ice cream. ○ ○ ● ○ ○</p> <p style="text-align: center;"><i>This person is not sure if he likes chocolate ice cream or not.</i></p>					

--	--	--	--	--

CJ Client Evaluation of Self and Treatment Intake Version (TCU CJ CEST-Intake)

PLEASE RESPOND TO EACH OF THE STATEMENTS BELOW BY FILLING IN THE CIRCLE TO INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH ONE. MARK ONLY ONE CHOICE FOR EACH STATEMENT. THANK YOU FOR YOUR PARTICIPATION.

Today's

Date:

MO		DAY			YR				

Disagree				Agree
Strongly	Disagree	Uncertain	Agree	Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Your drug use is a problem for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You need help in dealing with your drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. You need to stay in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. You only do things that feel safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. You have family members who want you to be in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. You skipped school while growing up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. This treatment is giving you a chance to solve your drug problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. This kind of treatment program is not helping you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Your drug use is more trouble than it's worth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. You have trouble sleeping. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. You have much to be proud of. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. You are concerned about legal problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. You have carried weapons, like knives or guns. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. You took things that did not belong to you when you were young. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. It is urgent that you find help immediately for your drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Your drug use is causing problems with the law. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

--	--	--	--	--

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | | |
|-----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. | You feel a lot of anger inside you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. | You had good relations with your parents while growing up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. | You will give up your friends and hangouts to solve your drug problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. | You have a hot temper. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. | Your drug use is causing problems in thinking or doing your work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. | You feel a lot of pressure to be in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. | You like others to feel afraid of you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. | You consider how your actions will affect others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. | You could be sent to jail or prison if you are not in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. | You feel mistreated by other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. | You plan ahead. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. | This treatment program can really help you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. | You want to be in drug treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. | You feel interested in life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. | You had feelings of anger and frustration during your childhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. | You feel like a failure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. | You have trouble concentrating or remembering things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. | You avoid anything dangerous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. | Your drug use is causing problems with your family or friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. | Your life has gone out of control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. | You feel afraid of certain things, like elevators, crowds, or going out alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. | You feel anxious or nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

--	--	--	--	--

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- 39. You wish you had more respect for yourself.
- 40. Your drug use is causing problems in finding or keeping a job.
- 41. You are very careful and cautious.
- 42. You feel sad or depressed.
- 43. You think about probable results of your actions.
- 44. You feel extra tired or run down.
- 45. You got involved in arguments and fights while growing up.
- 46. You have trouble sitting still for long.
- 47. You think about what causes your current problems.
- 48. You have too many outside responsibilities now to be in this treatment program.
- 49. Your drug use is causing problems with your health.
- 50. You are tired of the problems caused by drugs.
- 51. You think of several different ways to solve a problem.
- 52. You feel you are basically no good.
- 53. You are in this treatment program only because it is required.
- 54. You worry or brood a lot.
- 55. While a teenager, you got into trouble with school authorities or the police.
- 56. You get mad at other people easily.
- 57. You have trouble making decisions.
- 58. You have serious drug-related health problems.

--	--	--	--	--

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- 59. You like to do things that are strange or exciting.
- 60. You feel hopeless about the future.
- 61. You make good decisions.
- 62. In general, you are satisfied with yourself.
- 63. You have urges to fight or hurt others.
- 64. You make decisions without thinking about consequences.
- 65. You feel tense or keyed-up.
- 66. You like to take chances.
- 67. You had good self-esteem and confidence while growing up.
- 68. You feel you are unimportant to others.
- 69. Your drug use is making your life become worse and worse.
- 70. You like the "fast" life.
- 71. You feel tightness or tension in your muscles.
- 72. You want to get your life straightened out.
- 73. You like friends who are wild.
- 74. You were emotionally or physically abused while you were young.
- 75. You feel lonely.
- 76. You have legal problems that require you to be in treatment.
- 77. This treatment program seems too demanding for you.
- 78. You analyze problems by looking at all the choices.
- 79. Your drug use is going to cause your death if you do not quit soon.
- 80. Your temper gets you into fights or other trouble.