

## EVALUATION OF SELF AND TREATMENT (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]
TREATMENT MONTH?	01 02 03 04 05 06 07 08 09 10 11 12		_ _ _
			[19-20]

**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. This program location is convenient for you. ....                                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [21] |
| 2. You like to take chances. ....  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [22] |
| 3. You feel people are important to you. ....  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [23] |
| 4. Program staff here are efficient at doing their jobs. ....                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [24] |
| 5. You feel sad or depressed. ....   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [25] |
| 6. You feel honesty is required in every situation. ....                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [26] |
| 7. Your counselor is easy to talk to. ....   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [27] |
| 8. You consider how your actions will affect others. ....                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [28] |
| 9. You have serious drug-related health problems. ....                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [29] |
| 10. You have too many outside responsibilities now to be in this treatment program. .... | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [30] |
| 11. You have much to be proud of. ....   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | [31] |

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE		NOT		AGREE			
	STRONGLY . . . . .		SURE . . . . .		STRONGLY			
12. Several people close to you have serious drug problems. ....	1	2	3	4	5	6	7	[32]
13. Time schedules for counseling sessions at this program are convenient for you. ....	1	2	3	4	5	6	7	[33]
14. In general, you are satisfied with yourself. ....	1	2	3	4	5	6	7	[34]
15. You like the "fast" life. ....	1	2	3	4	5	6	7	[35]
16. You can depend on your counselor's understanding. ....	1	2	3	4	5	6	7	[36]
17. You could be sent to jail or prison if you are not in treatment. ....	1	2	3	4	5	6	7	[37]
18. You feel mistreated by other people. ....	1	2	3	4	5	6	7	[38]
19. You have thoughts of committing suicide. ....	1	2	3	4	5	6	7	[39]
20. You have people close to you who respect you and your efforts in this program. ....	1	2	3	4	5	6	7	[40]
21. You have trouble sitting still for long. ....	1	2	3	4	5	6	7	[41]
22. You get too much personal counseling at this program. ....	1	2	3	4	5	6	7	[42]
23. You plan ahead. ....	1	2	3	4	5	6	7	[43]
24. Your counselor respects you and your opinions. ....	1	2	3	4	5	6	7	[44]
25. You like others to feel afraid of you. ....	1	2	3	4	5	6	7	[45]
26. You have trouble following rules and laws. ....	1	2	3	4	5	6	7	[46]
27. This treatment program seems too demanding for you. ....	1	2	3	4	5	6	7	[47]

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE	NOT	AGREE					
	STRONGLY . . . . .	SURE . . . . .	STRONGLY					
28. You feel lonely. ....	1	2	3	4	5	6	7	[48]
29. You have people close to you who understand your situation and problems. ....	1	2	3	4	5	6	7	[49]
30. You like friends who are wild. ....	1	2	3	4	5	6	7	[50]
31. You need more individual counseling sessions. ....	1	2	3	4	5	6	7	[51]
32. Your counselor is sensitive to your situation and problems. ....	1	2	3	4	5	6	7	[52]
33. You like to do things that are strange or exciting. ....	1	2	3	4	5	6	7	[53]
34. You have people close to you who can always be trusted. ....	1	2	3	4	5	6	7	[54]
35. You feel like a failure. ....	1	2	3	4	5	6	7	[55]
36. You have trouble sleeping. ....	1	2	3	4	5	6	7	[56]
37. You need more group counseling sessions. ....	1	2	3	4	5	6	7	[57]
38. You feel a lot of pressure to be in treatment. ....	1	2	3	4	5	6	7	[58]
39. You depend on "things" more than on "people". ....	1	2	3	4	5	6	7	[59]
40. You trust your counselor. ....	1	2	3	4	5	6	7	[60]
41. You have people close to you who motivate and encourage your recovery. ....	1	2	3	4	5	6	7	[61]
42. You feel interested in life. ....	1	2	3	4	5	6	7	[62]
43. This treatment may be your last chance to solve your drug problems. ....	1	2	3	4	5	6	7	[63]

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE		NOT		AGREE		STRONGLY		STRONGLY							
	1	2	3	4	5	6	7		1	2	3	4	5	6	7	
44. You have urges to fight or hurt others. ....	1	2	3	4	5	6	7	[64]								
45. You think about probable results of your actions. ....	1	2	3	4	5	6	7	[65]								
46. This program is organized and run well. ....	1	2	3	4	5	6	7	[66]								
47. Your counselor views your problems and situations realistically. ....	1	2	3	4	5	6	7	[67]								
48. You avoid anything dangerous. ....	1	2	3	4	5	6	7	[68]								
49. You feel you are basically no good. ....	1	2	3	4	5	6	7	[69]								
50. This kind of treatment program will <u>not</u> be very helpful to you. ....	1	2	3	4	5	6	7	[70]								
51. You have people close to you who expect you to make positive changes in your life. ....	1	2	3	4	5	6	7	[71]								
52. You have a hot temper. ....	1	2	3	4	5	6	7	[72]								
53. You have trouble making decisions. ....	1	2	3	4	5	6	7	[73]								
54. You need more medical care and services. ....	1	2	3	4	5	6	7	[74]								
55. You keep the same friends for a long time. ....	1	2	3	4	5	6	7	[75]								
56. You have learned to analyze and plan ways to solve your problems. ....	1	2	3	4	5	6	7	[76]								
57. You have legal problems that require you to be in treatment. ....	1	2	3	4	5	6	7	[77]								
58. You think of several different ways to solve a problem. ....	1	2	3	4	5	6	7	[78]								
59. You plan to stay in this treatment program for awhile. ....	1	2	3	4	5	6	7	[79]								

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE	NOT			AGREE			
	1	2	3	4	5	6	7	
	STRONGLY . . . . .			SURE . . . . .			STRONGLY	
60. You have improved your relations with other people because of this treatment. . . . .	1	2	3	4	5	6	7	[---;02;ID] [11]
61. You feel anxious or nervous. . . . .	1	2	3	4	5	6	7	[12]
62. You need more educational or vocational training services. . . . .	1	2	3	4	5	6	7	[13]
63. You analyze problems by looking at all the choices. . . . .	1	2	3	4	5	6	7	[14]
64. Your temper gets you into fights or other trouble. . . . .	1	2	3	4	5	6	7	[15]
65. You make decisions without thinking about consequences. . . . .	1	2	3	4	5	6	7	[16]
66. Your counselor makes you feel foolish or ashamed. . . . .	1	2	3	4	5	6	7	[17]
67. Other clients in this program are helpful in your recovery. . . . .	1	2	3	4	5	6	7	[18]
68. You have trouble concentrating or remembering things. . . . .	1	2	3	4	5	6	7	[19]
69. You have people close to you who help you develop confidence in yourself. . . . .	1	2	3	4	5	6	7	[20]
70. You feel extra tired or run down. . . . .	1	2	3	4	5	6	7	[21]
71. You work hard to keep a job. . . . .	1	2	3	4	5	6	7	[22]
72. You need more help with your emotional troubles. . . . .	1	2	3	4	5	6	7	[23]
73. You are in this treatment program because someone else made you come. . . . .	1	2	3	4	5	6	7	[24]
74. You make good decisions. . . . .	1	2	3	4	5	6	7	[25]
75. You are motivated and encouraged by your counselor. . . . .	1	2	3	4	5	6	7	[26]

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE		NOT		AGREE		STRONGLY		STRONGLY
	1	2	3	4	5	6	7		7
76. You feel afraid of certain things, like elevators, crowds, or going out alone. ....	1	2	3	4	5	6	7		[27]
77. You are concerned about legal problems. ....	1	2	3	4	5	6	7		[28]
78. You only do things that feel safe. ....	1	2	3	4	5	6	7		[29]
79. This program is requiring you to learn responsibility and self-discipline. ....	1	2	3	4	5	6	7		[30]
80. You have close family members who help you stay away from drugs. ....	1	2	3	4	5	6	7		[31]
81. You get mad at other people easily. ....	1	2	3	4	5	6	7		[32]
82. Your religious beliefs are very important in your life. ....	1	2	3	4	5	6	7		[33]
83. Your counselor helps you develop confidence in yourself. ....	1	2	3	4	5	6	7		[34]
84. You wish you had more respect for yourself. ....	1	2	3	4	5	6	7		[35]
85. You worry or brood a lot. ....	1	2	3	4	5	6	7		[36]
86. This treatment program can really help you. ....	1	2	3	4	5	6	7		[37]
87. You have carried weapons, like knives or guns. ....	1	2	3	4	5	6	7		[38]
88. You feel tense or keyed-up. ....	1	2	3	4	5	6	7		[39]
89. You work in situations where drug use is common. ....	1	2	3	4	5	6	7		[40]
90. You are satisfied with this program. ....	1	2	3	4	5	6	7		[41]
91. You are very careful and cautious. ....	1	2	3	4	5	6	7		[42]
92. Your counselor is well organized and prepared for each counseling session. ....	1	2	3	4	5	6	7		[43]

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE		NOT		AGREE			
	STRONGLY . . . . .		SURE . . . . .		STRONGLY			
93. You want to be in a drug treatment program. ....	1	2	3	4	5	6	7	[44]
94. You think about what causes your current problems. ....	1	2	3	4	5	6	7	[45]
95. Taking care of your family is very important. ....	1	2	3	4	5	6	7	[46]
96. Your treatment plan has reasonable objectives. ....	1	2	3	4	5	6	7	[47]
97. You feel you are unimportant to others. ....	1	2	3	4	5	6	7	[48]
98. You feel a lot of anger inside you. ....	1	2	3	4	5	6	7	[49]
99. You have good friends who do not use drugs. ....	1	2	3	4	5	6	7	[50]
100. You feel tightness or tension in your muscles. ....	1	2	3	4	5	6	7	[51]
101. You have family members who want you to be in treatment. ....	1	2	3	4	5	6	7	[52]
102. I have little control over the things that happen to me. ....	1	2	3	4	5	6	7	[53]
103. There is really no way I can solve some of the problems I have. ....	1	2	3	4	5	6	7	[54]
104. There is little I can do to change many of the important things in my life. ....	1	2	3	4	5	6	7	[55]
105. I often feel helpless in dealing with the problems of life. ....	1	2	3	4	5	6	7	[56]
106. Sometimes I feel that I am being pushed around in life. ....	1	2	3	4	5	6	7	[57]
107. What happens to me in the future mostly depends on me. ....	1	2	3	4	5	6	7	[58]
108. I can do just about anything I really set my mind to do. ....	1	2	3	4	5	6	7	[59]

**End of Form**