

# Client Evaluation of Self and Treatment Intake Version (TCU 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>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
	<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
<b>Person 1.</b> I like chocolate ice cream. .... ○		●	○	○	○
<b><i><u>This person disagrees a little so she probably doesn't like chocolate ice cream.</u></i></b>					
<b>Person 2.</b> I like chocolate ice cream. .... ○		○	○	○	●
<b><i>This person likes chocolate ice cream a lot.</i></b>					
<b>Person 3.</b> I like chocolate ice cream. .... ○		○	●	○	○
<b><i>This person is not sure if he likes chocolate ice cream or not.</i></b>					

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PLEASE FILL IN THE APPROPRIATE CIRCLES TO INDICATE YOUR GENDER, BIRTH YEAR, RACE/ETHNICITY, AND HOW LONG YOU HAVE BEEN IN TREATMENT. THIS INFORMATION IS FOR DESCRIPTIVE PURPOSES ONLY.

<b>Today's Date:</b>  __ _ _      __ _ _      __ _ _  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MO</span> <span>DAY</span> <span>YR</span> </div>	<b>Are you:</b> <input type="radio"/> <i>Male</i> <input type="radio"/> <i>Female</i>
<b>Your Birth Year:</b> 19  __ _ _	<b>Are you Hispanic or Latino?</b> <input type="radio"/> <i>No</i> <input type="radio"/> <i>Yes</i>
<b>Are you:</b> [MARK ONE]	
<input type="radio"/> <i>American Indian/Alaska Native</i>	<input type="radio"/> <i>White</i>
<input type="radio"/> <i>Asian</i>	<input type="radio"/> <i>More than one race</i>
<input type="radio"/> <i>Native Hawaiian or Other Pacific Islander</i>	<input type="radio"/> <i>Other (specify):</i> _____
<input type="radio"/> <i>Black or African American</i>	
<b>How long have you been in treatment at this agency? [MARK ONE CHOICE]</b>	
<input type="radio"/> <i>Less than one month (30 days or less)</i>	<input type="radio"/> <i>More than three months but less than one year</i>
<input type="radio"/> <i>One to three months (31 to 90 days)</i>	<input type="radio"/> <i>More than one year</i>

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.

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

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Your drug use is a problem for you. ....                                  | <input type="radio"/> |
| 2. You need help in dealing with your drug use. ....                         | <input type="radio"/> |
| 3. Your religious beliefs are very important in your life. ....              | <input type="radio"/> |
| 4. You have little control over the things that happen to you. ....          | <input type="radio"/> |
| 5. You plan to stay in this treatment program for awhile. ....               | <input type="radio"/> |
| 6. You only do things that feel safe. ....                                   | <input type="radio"/> |
| 7. You have family members who want you to be in treatment. ....             | <input type="radio"/> |
| 8. You skipped school while growing up. ....                                 | <input type="radio"/> |
| 9. You keep the same friends for a long time. ....                           | <input type="radio"/> |
| 10. This treatment may be your last chance to solve your drug problems. .... | <input type="radio"/> |

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

- |     |  |                       |                       |                       |                       |                       |
|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. | This kind of treatment program will <u>not</u> be very helpful to you. ....          | <input type="radio"/> |
| 12. | Your drug use is more trouble than it's worth. ....                                  | <input type="radio"/> |
| 13. | You have trouble sleeping. ....  | <input type="radio"/> |
| 14. | You have much to be proud of. ....   | <input type="radio"/> |
| 15. | You feel people are important to you. ....   | <input type="radio"/> |
| 16. | What happens to you in the future mostly depends on you. ....                        | <input type="radio"/> |
| 17. | You are concerned about legal problems. ....   | <input type="radio"/> |
| 18. | You have carried weapons, like knives or guns. ....                                  | <input type="radio"/> |
| 19. | You took things that did not belong to you when you were young. ....                 | <input type="radio"/> |
| 20. | It is urgent that you find help immediately for your drug use. ....                  | <input type="radio"/> |
| 21. | There is little you can do to change many of the important things in your life. .... | <input type="radio"/> |
| 22. | You have trouble following rules and laws. ....                                      | <input type="radio"/> |
| 23. | Your drug use is causing problems with the law. ....                                 | <input type="radio"/> |
| 24. | You feel a lot of anger inside you. ....   | <input type="radio"/> |
| 25. | You had good relations with your parents while growing up. ....                      | <input type="radio"/> |
| 26. | You will give up your friends and hangouts to solve your drug problems. ....         | <input type="radio"/> |
| 27. | Taking care of your family is very important. ....                                   | <input type="radio"/> |
| 28. | You have a hot temper. ....  | <input type="radio"/> |
| 29. | Your drug use is causing problems in thinking or doing your work. ....               | <input type="radio"/> |
| 30. | You feel a lot of pressure to be in treatment. ....                                  | <input type="radio"/> |

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

- 31. There is really no way you can solve some of the problems you have. ....
- 32. You like others to feel afraid of you. ....
- 33. You consider how your actions will affect others. ....
- 34. You could be sent to jail or prison if you are not in treatment. ....
- 35. You feel mistreated by other people. ....
- 36. You plan ahead. ....
- 37. This treatment program can really help you. ....
- 38. You want to be in a drug treatment program now. ....
- 39. You feel interested in life. ....
- 40. You had feelings of anger and frustration during your childhood. ....
- 41. You feel like a failure. ....
- 42. You have trouble concentrating or remembering things. ....
- 43. You avoid anything dangerous. ....
- 44. Your drug use is causing problems with your family or friends. ....
- 45. Your life has gone out of control. ....
- 46. You feel afraid of certain things, like elevators, crowds, or going out alone. ....
- 47. You feel anxious or nervous. ....
- 48. You wish you had more respect for yourself. ....
- 49. Your drug use is causing problems in finding or keeping a job. ....
- 50. You are very careful and cautious. ....
- 51. You feel sad or depressed. ....
- 52. You think about probable results of your actions. ....
- 53. You feel extra tired or run down. ....

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

- 54. You got involved in arguments and fights while growing up. ....
- 55. You have trouble sitting still for long. ....
- 56. You think about what causes your current problems. ....
- 57. You have too many outside responsibilities now to be in this treatment program. ....
- 58. Your drug use is causing problems with your health. ....
- 59. You are tired of the problems caused by drugs. ....
- 60. You think of several different ways to solve a problem. ....
- 61. You feel you are basically no good. ....
- 62. You are in this treatment program because someone else made you come. ....
- 63. You worry or brood a lot. ....
- 64. While a teenager, you got into trouble with school authorities or the police. ....
- 65. You get mad at other people easily. ....
- 66. You have trouble making decisions. ....
- 67. You have serious drug-related health problems. ....
- 68. You like to do things that are strange or exciting. ....
- 69. You feel hopeless about the future. ....
- 70. You make good decisions. ....
- 71. In general, you are satisfied with yourself. ....
- 72. You feel honesty is required in every situation. ....
- 73. You have urges to fight or hurt others. ....
- 74. You make decisions without thinking about consequences. ....

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

- 75. You feel tense or keyed-up. ....
- 76. You like to take chances. ....
- 77. You had good self-esteem and confidence while growing up. ....
- 78. You can do just about anything you really set your mind to do. ....
- 79. You feel you are unimportant to others. ....
- 80. Your drug use is making your life become worse and worse. ....
- 81. You like the “fast” life. ....
- 82. You work hard to keep a job. ....
- 83. You feel tightness or tension in your muscles. ....
- 84. You want to get your life straightened out. ....
- 85. Sometimes you feel that you are being pushed around in life. ....
- 86. You like friends who are wild. ....
- 87. You often feel helpless in dealing with the problems of life. ....
- 88. You were emotionally or physically abused while you were young. ....
- 89. You feel lonely. ....
- 90. You have legal problems that require you to be in treatment. ....
- 91. This treatment program seems too demanding for you. ....
- 92. You analyze problems by looking at all the choices. ....
- 93. Your drug use is going to cause your death if you do not quit soon. ....
- 94. You depend on “things” more than “people”. ....
- 95. Your temper gets you into fights or other trouble. ....