

# Client Evaluation of Self and Treatment (TCU CEST) *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.

If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.

The examples below show how to mark the circles --

For example -- ●

	<i>Disagree Strongly</i> (1)	<i>Disagree</i> (2)	<i>Uncertain</i> (3)	<i>Agree</i> (4)	<i>Agree Strongly</i> (5)
<b>Person 1.</b> I like chocolate ice cream. ....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u><i>This person disagrees a little so she probably doesn't like chocolate ice cream.</i></u></b>					
<b>Person 2.</b> I like chocolate ice cream. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b><i>This person likes chocolate ice cream a lot.</i></b>					
<b>Person 3.</b> I like chocolate ice cream. ....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><i>This person is not sure if he likes chocolate ice cream or not.</i></b>					

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## Client Evaluation of Self and Treatment (TCU CEST)

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.

**Today's Date:** |\_\_|\_| |\_\_|\_| |\_\_|\_|  
MO DAY YR

**Are you:**  *Male*     *Female*

**Your Birth Year:** 19 |\_\_|\_|      **Are you Hispanic or Latino?**  *No*     *Yes*

**Are you:** [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>	

**How long have you been in treatment at this agency?** [MARK ONE CHOICE]

<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>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>

- |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
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| <ol style="list-style-type: none"> <li>1. You have people close to you who motivate and encourage your recovery. ....</li> <li>2. You trust your counselor. ....</li> <li>3. You need help in dealing with your drug use. ....</li> <li>4. Your religious beliefs are very important in your life. ....</li> <li>5. You have little control over the things that happen to you. ....</li> <li>6. You plan to stay in this treatment program for awhile. ....</li> <li>7. Time schedules for counseling sessions at this program are convenient for you. ....</li> <li>8. It's always easy to follow or understand what your counselor is trying to tell you. ....</li> </ol> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <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>

- 9. You only do things that feel safe. ....
- 10. You have family members who want you to be in treatment. ....
- 11. This program expects you to learn responsibility and self-discipline. ....
- 12. You keep the same friends for a long time. ....
- 13. This treatment may be your last chance to solve your drug problems. ....
- 14. This kind of treatment program will not be very helpful to you. ....
- 15. Your counselor is easy to talk to. ....
- 16. You have trouble sleeping. ....
- 17. You have much to be proud of. ....
- 18. You have close family members who help you stay away from drugs. ....
- 19. You are willing to talk about your feelings during counseling. ....
- 20. This program is organized and run well. ..
- 21. You are motivated and encouraged by your counselor. ....
- 22. You feel people are important to you. ....
- 23. What happens to you in the future mostly depends on you. ....
- 24. You need more help with your emotional troubles. ....
- 25. You are concerned about legal problems. ....
- 26. You have made progress with your drug/alcohol problems. ....

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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>

- 27. You have good friends who do not use drugs. ....
- 28. You have carried weapons, like knives or guns. ....
- 29. You have people close to you who can always be trusted. ....
- 30. You are satisfied with this program. ....
- 31. You have learned to analyze and plan ways to solve your problems. ....
- 32. It is urgent that you find help immediately for your drug use. ....
- 33. There is little you can do to change many of the important things in your life. ....
- 34. You have trouble following rules and laws. ....
- 35. You have made progress toward your treatment program goals. ....
- 36. You feel a lot of anger inside you. ....
- 37. You always attend the counseling sessions scheduled for you. ....
- 38. Your counselor recognizes the progress you make in treatment. ....
- 39. You will give up your friends and hangouts to solve your drug problems. ....
- 40. Taking care of your family is very important. ....
- 41. You have a hot temper. ....
- 42. Your counselor is well organized and prepared for each counseling session. ....
- 43. Your counselor is sensitive to your situation and problems. ....

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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>

- 44. You feel a lot of pressure to be in treatment. ....
- 45. There is really no way you can solve some of the problems you have. ....
- 46. You like others to feel afraid of you. ....
- 47. You need more individual counseling sessions. ....
- 48. You consider how your actions will affect others. ....
- 49. You could be sent to jail or prison if you are not in treatment. ....
- 50. Your counselor makes you feel foolish or ashamed. ....
- 51. You feel mistreated by other people. ....
- 52. Your counselor views your problems and situations realistically. ....
- 53. You plan ahead. ....
- 54. This treatment program can really help you. ....
- 55. You need more educational or vocational training services. ....
- 56. You want to be in a drug treatment program now. ....
- 57. You feel interested in life. ....
- 58. Other clients at this program care about you and your problems. ....
- 59. You feel like a failure. ....
- 60. You have trouble concentrating or remembering things. ....
- 61. You avoid anything dangerous. ....

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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>

- 62. You have stopped or greatly reduced your drug use while in this program. ....
- 63. Your counselor helps you develop confidence in yourself. ....
- 64. You have people close to you who understand your situation and problems. ....
- 65. Your life has gone out of control. ....
- 66. You always participate actively in your counseling sessions. ....
- 67. You have made progress in understanding your feelings and behavior. ....
- 68. You need more group counseling sessions. ....
- 69. You feel afraid of certain things, like elevators, crowds, or going out alone. ....
- 70. You feel anxious or nervous. ....
- 71. You wish you had more respect for yourself. ....
- 72. Other clients at this program are helpful to you. ....
- 73. You are very careful and cautious. ....
- 74. You feel sad or depressed. ....
- 75. You think about probable results of your actions. ....
- 76. You feel extra tired or run down. ....
- 77. You have improved your relations with other people because of this treatment. ....
- 78. You have trouble sitting still for long. ....

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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>

- 79. You think about what causes your current problems. ....
- 80. The staff here are efficient at doing their jobs. ....
- 81. You are similar to (or like) other clients of this program. ....
- 82. You have too many outside responsibilities now to be in this treatment program. ....
- 83. You have made progress with your emotional or psychological issues. ....
- 84. Your counselor respects you and your opinions. ....
- 85. You work in situations where drug use is common. ....
- 86. You are tired of the problems caused by drugs. ....
- 87. You think of several different ways to solve a problem. ....
- 88. You feel you are basically no good. ....
- 89. You are in this treatment program because someone else made you come. ....
- 90. You worry or brood a lot. ....
- 91. You have people close to you who expect you to make positive changes in your life. ....
- 92. You get mad at other people easily. ....
- 93. You have trouble making decisions. ....
- 94. You have serious drug-related health problems. ....

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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>

- 95. You have people close to you who help you develop confidence in yourself. ....
- 96. You like to do things that are strange or exciting. ....
- 97. You feel hopeless about the future. ....
- 98. You make good decisions. ....
- 99. You have developed positive trusting friendships while at this program. ....
- 100. In general, you are satisfied with yourself. ....
- 101. You feel honesty is required in every situation. ....
- 102. You have urges to fight or hurt others. ....
- 103. You make decisions without thinking about consequences. ....
- 104. You give honest feedback during counseling. ....
- 105. You feel tense or keyed-up. ....
- 106. You like to take chances. ....
- 107. You have people close to you who respect you and your efforts in this program. ....
- 108. You can do just about anything you really set your mind to do. ....
- 109. You feel you are unimportant to others. ....
- 110. You can depend on your counselor's understanding. ....
- 111. You like the "fast" life. ....
- 112. You work hard to keep a job. ....



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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>

- |      |   |                       |                       |                       |                       |                       |
|------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 113. | There is a sense of family<br>(or community) in this program. ....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 114. | You feel tightness or tension<br>in your muscles. ....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 115. | You can get plenty of personal<br>counseling at this program. ....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 116. | You want to get your life<br>straightened out. ....                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 117. | Sometimes you feel that you are being<br>pushed around in life. ....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 118. | You need more medical care<br>and services. ....                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 119. | You like friends who are wild. ....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 120. | You often feel helpless in dealing<br>with the problems of life. .... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 121. | Several people close to you<br>have serious drug problems. ....       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 122. | This program location is convenient<br>for you. ....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 123. | You feel lonely. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 124. | You have legal problems that<br>require you to be in treatment. ....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 125. | This treatment program seems<br>too demanding for you. ....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 126. | You analyze problems by<br>looking at all the choices. ....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 127. | You are following your<br>counselor's guidance. ....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 128. | Your treatment plan has<br>reasonable objectives. ....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 129. | You depend on "things" more<br>than "people". ....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 130. | Your temper gets you into fights<br>or other trouble. ....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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IN THE **PAST 4 WEEKS**, HOW MANY COUNSELING SESSIONS DID YOU ATTEND AT THIS TREATMENT PROGRAM? FILL IN ONLY ONE CIRCLE FOR EACH STATEMENT.

<b>Number of Sessions Attended</b>				
<i>0</i>	<i>1-2</i>	<i>3-5</i>	<i>6-10</i>	<i>Over 10</i>

131. Individual counseling sessions. ....
132. Group counseling sessions. ....
133. Family or other counseling sessions. ....

IN THE **PAST 4 WEEKS**, DID YOU NEED AND DID YOU RECEIVE ANY OF THE FOLLOWING SERVICES OR SPECIAL ASSISTANCE, EITHER AT THIS PROGRAM OR ANY OTHER PLACE? FILL IN THE CIRCLES TO MARK YOUR ANSWERS.

	<u>Needed--</u>		<u>Received--</u>		<u>Still Need--</u>	
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>

- |  |                       | <u>No</u>             | <u>Yes</u>            |                       | <u>No</u>             | <u>Yes</u>            |                       | <u>No</u>             | <u>Yes</u>            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 134. <u>Medical</u> services or tests. ....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 135. <u>Psychological</u> services or tests. ....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 136. <u>Employment</u> counseling or job training. ....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 137. <u>Education</u> classes (e.g., for GED). ....          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 138. <u>Parenting</u> instruction. ....                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 139. <u>Child care</u> . ....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 140. <u>Legal</u> counseling or services. ....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. <u>Social</u> services (e.g., for food or housing). ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. <u>12-step or support groups</u> (AA/NA/CA). ....       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. <u>Transportation</u> to program. ....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 144. Preparation for <u>aftercare</u> . ....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |