



**EVALUATION OF SELF AND TREATMENT (Continued)**

	DISAGREE		NOT	AGREE		
	STRONGLY	.....	SURE	.....	STRONGLY	
12. You could be sent to jail or prison if you are not in treatment. ....	1	2	3	4	5	6 7 [51]
13. You feel mistreated by other people. ....	1	2	3	4	5	6 7 [52]
14. You have thoughts of committing suicide. ....	1	2	3	4	5	6 7 [53]
15. You have trouble sitting still for long. ....	1	2	3	4	5	6 7 [54]
16. You like others to feel afraid of you. ....	1	2	3	4	5	6 7 [55]
17. There is little you can do to change many of the important things in your life. ....	1	2	3	4	5	6 7 [56]
18. You have trouble following rules and laws. ....	1	2	3	4	5	6 7 [57]
19. This treatment program seems too demanding for you. ....	1	2	3	4	5	6 7 [58]
20. You feel lonely. ....	1	2	3	4	5	6 7 [59]
21. You like friends who are wild. ....	1	2	3	4	5	6 7 [60]
22. You like to do things that are strange or exciting. ....	1	2	3	4	5	6 7 [61]
23. You feel like a failure. ....	1	2	3	4	5	6 7 [62]
24. You have trouble sleeping. ....	1	2	3	4	5	6 7 [63]
25. You often feel helpless in dealing with the problems of life. ....	1	2	3	4	5	6 7 [64]
26. You feel a lot of pressure to be in treatment. ....	1	2	3	4	5	6 7 [65]
27. You depend on "things" more than on "people". ....	1	2	3	4	5	6 7 [66]
28. You feel interested in life. ....	1	2	3	4	5	6 7 [67]
29. This treatment may be your last chance to solve your drug problems. ....	1	2	3	4	5	6 7 [68]

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**EVALUATION OF SELF AND TREATMENT (Continued)**

	DISAGREE	NOT			AGREE			
	STRONGLY	.....	SURE	.....	STRONGLY			
							[---:02:ID]	
30. You have urges to fight or hurt others. ....	1	2	3	4	5	6	7	[13]
31. You avoid anything dangerous. ....	1	2	3	4	5	6	7	[14]
32. Sometimes you feel that you are being pushed around in life. ....	1	2	3	4	5	6	7	[15]
33. You feel you are basically no good. ....	1	2	3	4	5	6	7	[16]
34. This kind of treatment program will <u>not</u> be very helpful to you. ....	1	2	3	4	5	6	7	[17]
35. You have a hot temper. ....	1	2	3	4	5	6	7	[18]
36. You keep the same friends for a long time. ....	1	2	3	4	5	6	7	[19]
37. You have legal problems that require you to be in treatment. ....	1	2	3	4	5	6	7	[20]
38. You plan to stay in this treatment program for awhile. ....	1	2	3	4	5	6	7	[21]
39. You feel anxious or nervous. ....	1	2	3	4	5	6	7	[22]
40. Your temper gets you into fights or other trouble. ....	1	2	3	4	5	6	7	[23]
41. You have trouble concentrating or remembering things. ....	1	2	3	4	5	6	7	[24]
42. You feel extra tired or run down. ....	1	2	3	4	5	6	7	[25]
43. You work hard to keep a job. ....	1	2	3	4	5	6	7	[26]
44. You are in this treatment program because someone else made you come. ....	1	2	3	4	5	6	7	[27]
45. What happens to you in the future mostly depends on you. ....	1	2	3	4	5	6	7	[28]
46. You feel afraid of certain things, like elevators, crowds, or going out alone. ....	1	2	3	4	5	6	7	[29]

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## EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE			NOT		AGREE		
	STRONGLY	1	2	3	4	5	6	7
	STRONGLY							STRONGLY
47. You are concerned about legal problems. ....	1	2	3	4	5	6	7	[30]
48. You only do things that feel safe. ....	1	2	3	4	5	6	7	[31]
49. You get mad at other people easily. ....	1	2	3	4	5	6	7	[32]
50. Your religious beliefs are very important in your life. ....	1	2	3	4	5	6	7	[33]
51. You wish you had more respect for yourself. ....	1	2	3	4	5	6	7	[34]
52. You worry or brood a lot. ....	1	2	3	4	5	6	7	[35]
53. You can do just about anything you really set your mind to do. ....	1	2	3	4	5	6	7	[36]
54. This treatment program can really help you. ....	1	2	3	4	5	6	7	[37]
55. You have carried weapons, like knives or guns. ....	1	2	3	4	5	6	7	[38]
56. You feel tense or keyed-up. ....	1	2	3	4	5	6	7	[39]
57. You are very careful and cautious. ....	1	2	3	4	5	6	7	[40]
58. You want to be in a drug treatment program. ....	1	2	3	4	5	6	7	[41]
59. Taking care of your family is very important. ....	1	2	3	4	5	6	7	[42]
60. You feel you are unimportant to others. ....	1	2	3	4	5	6	7	[43]
61. You feel a lot of anger inside you. ....	1	2	3	4	5	6	7	[44]
62. You feel tightness or tension in your muscles. ....	1	2	3	4	5	6	7	[45]
63. You have family members who want you to be in treatment. ....	1	2	3	4	5	6	7	[46]

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**EVALUATION OF SELF AND TREATMENT (Continued)**

**B. RATINGS OF TREATMENT PROCESS: Circle the answer that shows how much you agree or disagree that each item describes how you feel about your experiences at this treatment program.**

	DISAGREE		NOT		AGREE			
	STRONGLY . . . . .		SURE . . . . .		STRONGLY			
1. You feel and show concern for others during group counseling. ....	1	2	3	4	5	6	7	[47]
2. Your counselors are easy to talk to. ....	1	2	3	4	5	6	7	[48]
3. You trust the treatment staff. ....	1	2	3	4	5	6	7	[49]
4. Your counselors help you develop confidence in yourself. ....	1	2	3	4	5	6	7	[50]
5. You have developed positive trusting friendships while at this program. ....	1	2	3	4	5	6	7	[51]
6. Your counselors are well organized and prepared for each counseling session. ....	1	2	3	4	5	6	7	[52]
7. The treatment staff cares about you and your problems. ....	1	2	3	4	5	6	7	[53]
8. You have made progress with your drug/alcohol problems. ....	1	2	3	4	5	6	7	[54]
9. Your counselors develop treatment plans with reasonable objectives for you. ....	1	2	3	4	5	6	7	[55]
10. The treatment staff is helpful to you. ....	1	2	3	4	5	6	7	[56]
11. You have made progress with your emotional or psychological issues. ....	1	2	3	4	5	6	7	[57]
12. Your counselors keep you focused on solving specific problems. ....	1	2	3	4	5	6	7	[58]
13. The security staff cares about you and your problems. ....	1	2	3	4	5	6	7	[59]
14. You have made progress toward your treatment goals. ....	1	2	3	4	5	6	7	[60]
15. Your counselors remember important details from your earlier sessions. ....	1	2	3	4	5	6	7	[61]
16. The security staff is helpful to you. ....	1	2	3	4	5	6	7	[62]
17. Your counselors help you make changes in your life. ....	1	2	3	4	5	6	7	[63]

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**EVALUATION OF SELF AND TREATMENT (Continued)**

	<u>DISAGREE</u>		<u>NOT</u>		<u>AGREE</u>			
	<u>STRONGLY</u>	<u>.....</u>	<u>SURE</u>	<u>.....</u>	<u>STRONGLY</u>	<u>.....</u>	<u>STRONGLY</u>	
18. You accept being confronted by others during group counseling. ....	1	2	3	4	5	6	7	[13]
19. Your counselors speak in a way that you understand. ....	1	2	3	4	5	6	7	[14]
20. You confront others about their real feelings during group counseling. ....	1	2	3	4	5	6	7	[15]
21. Your counselors respect you and your opinions. ....	1	2	3	4	5	6	7	[16]
22. You are willing to talk about your feelings during group counseling. ....	1	2	3	4	5	6	7	[17]
23. Your counselors understand your situation and problems. ....	1	2	3	4	5	6	7	[18]
24. You say things to give support and understanding to others during group counseling. ....	1	2	3	4	5	6	7	[19]
25. You trust your counselors. ....	1	2	3	4	5	6	7	[20]
26. You give honest feedback to others during group counseling. ....	1	2	3	4	5	6	7	[21]
27. Your counselors help you view problems/situations realistically. ....	1	2	3	4	5	6	7	[22]
28. You have made progress in understanding your feelings and how they can influence behavior. ....	1	2	3	4	5	6	7	[23]
29. Your counselors focus your thinking and planning. ....	1	2	3	4	5	6	7	[24]
30. You trust other clients in this program. ...	1	2	3	4	5	6	7	[25]
31. Your counselors make you feel foolish or ashamed. ....	1	2	3	4	5	6	7	[26]
32. Your counselors teach you useful ways to solve your problems. ....	1	2	3	4	5	6	7	[27]
33. You are motivated and encouraged by your counselors. ....	1	2	3	4	5	6	7	[28]
34. You trust the security staff. ....	1	2	3	4	5	6	7	[29]

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## EVALUATION OF SELF AND TREATMENT (Continued)

**C. RATINGS OF PROGRAM ATTRIBUTES: Circle the answer that shows how much you agree or disagree that each item describes how you feel about the different parts of this program.**

	DISAGREE		NOT		AGREE			
	1	2	3	4	5	6	7	
	STRONGLY	.....	SURE	.....	STRONGLY			
1. Meetings and activities are well organized. ....	1	2	3	4	5	6	7	[30]
2. You need more individual counseling. ....	1	2	3	4	5	6	7	[31]
3. The morning meetings are productive and useful. ....	1	2	3	4	5	6	7	[32]
4. Other clients at this program care about you and your problems. ....	1	2	3	4	5	6	7	[33]
5. House rules and tools are fair and appropriate. ....	1	2	3	4	5	6	7	[34]
6. Other clients at this program are helpful to you. ....	1	2	3	4	5	6	7	[35]
7. The evening meetings are productive and useful. ....	1	2	3	4	5	6	7	[36]
8. You are similar (or like) other clients of this program. ....	1	2	3	4	5	6	7	[37]
9. You need more group counseling. ....	1	2	3	4	5	6	7	[38]
10. The authority structure among residents is fair and useful. ....	1	2	3	4	5	6	7	[39]
11. There is a sense of family (or community) in this program. ....	1	2	3	4	5	6	7	[40]
12. Work assignments are fair and useful. ....	1	2	3	4	5	6	7	[41]
13. You need more lecture classes. ....	1	2	3	4	5	6	7	[42]
14. Privileges are appropriate and given soon after they are earned. ....	1	2	3	4	5	6	7	[43]

**End of Form**