

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			
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 STRONGLY		NOT SURE		AGREE STRONGLY			
	1	2	3	4	5	6	7	
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.

	<u>DISAGREE</u>		NOT		<u>AGREE</u>		
	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>			NOT	<u>AGREE</u>			
	<u>STRONGLY</u>			<u>SURE</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.

Table with 13 rows of program attributes and 7 columns of rating options (1-7). The columns are labeled DISAGREE STRONGLY, NOT SURE, and AGREE STRONGLY. Each row includes an item description, a set of seven numbered boxes for rating, and a reference number in brackets.

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EVALUATION OF SELF AND TREATMENT (Continued)

	DISAGREE			NOT		AGREE		
	STRONGLY		SURE	STRONGLY		
14. You have people close to you who motivate and encourage your recovery.	1	2	3	4	5	6	7	[43]
15. You are similar (or like) other clients of this program.	1	2	3	4	5	6	7	[44]
16. This program is organized and run well.	1	2	3	4	5	6	7	[45]
17. You have people close to you who expect you to make positive changes in your life.	1	2	3	4	5	6	7	[46]
18. You need more lecture classes.	1	2	3	4	5	6	7	[47]
19. You have improved your relations with other people because of this treatment.	1	2	3	4	5	6	7	[48]
20. You are satisfied with this program.	1	2	3	4	5	6	7	[49]
21. Other clients in this program are helpful in your recovery.	1	2	3	4	5	6	7	[50]
22. You need more medical care and services.	1	2	3	4	5	6	7	[51]
23. You have people close to you who help you develop confidence in yourself.	1	2	3	4	5	6	7	[52]
24. You need more help with your emotional troubles.	1	2	3	4	5	6	7	[53]
25. You have close family members who help you stay away from drugs.	1	2	3	4	5	6	7	[54]
26. There is a sense of family (or community) in this program.	1	2	3	4	5	6	7	[55]
27. You work in situations where drug use is common.	1	2	3	4	5	6	7	[56]
28. This program is requiring you to learn responsibility and self-discipline.	1	2	3	4	5	6	7	[57]
29. You have good friends who do <u>not</u> use drugs.	1	2	3	4	5	6	7	[58]

End of Form