

EVALUATION OF SELF AND TREATMENT (TCU WOMEN AND CHILDREN RESIDENTIAL 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. Being in a residential treatment program 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		STRONGLY	
	1	2	3	4	5	6	7		STRONGLY	
12. Several people close to you have serious drug problems.	1	2	3	4	5	6	7		STRONGLY	[32]
13. Time schedules for counseling sessions at this program are convenient for you.	1	2	3	4	5	6	7		STRONGLY	[33]
14. In general, you are satisfied with yourself.	1	2	3	4	5	6	7		STRONGLY	[34]
15. You like the "fast" life.	1	2	3	4	5	6	7		STRONGLY	[35]
16. You can depend on your counselor's understanding.	1	2	3	4	5	6	7		STRONGLY	[36]
17. You could be sent to jail or prison if you are not in treatment.	1	2	3	4	5	6	7		STRONGLY	[37]
18. You feel mistreated by other people.	1	2	3	4	5	6	7		STRONGLY	[38]
19. You have thoughts of committing suicide.	1	2	3	4	5	6	7		STRONGLY	[39]
20. You have people close to you who respect you and your efforts in this program.	1	2	3	4	5	6	7		STRONGLY	[40]
21. You have trouble sitting still for long.	1	2	3	4	5	6	7		STRONGLY	[41]
22. You get too much personal counseling at this program.	1	2	3	4	5	6	7		STRONGLY	[42]
23. You plan ahead.	1	2	3	4	5	6	7		STRONGLY	[43]
24. Your counselor respects you and your opinions.	1	2	3	4	5	6	7		STRONGLY	[44]
25. You like others to feel afraid of you.	1	2	3	4	5	6	7		STRONGLY	[45]
26. You have trouble following rules and laws.	1	2	3	4	5	6	7		STRONGLY	[46]
27. This treatment program seems too demanding for you.	1	2	3	4	5	6	7		STRONGLY	[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	SURE	STRONGLY	
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		STRONGLY		STRONGLY
	1	2	3	4	5	6	7		
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. You have little control over the things that happen to you.	1	2	3	4	5	6	7	[53]
103. There is really no way you can solve some of the problems you have.	1	2	3	4	5	6	7	[54]
104. There is little you can do to change many of the important things in your life.	1	2	3	4	5	6	7	[55]
105. You often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7	[56]
106. Sometimes you feel that you are being pushed around in life.	1	2	3	4	5	6	7	[57]
107. What happens to you in the future mostly depends on you.	1	2	3	4	5	6	7	[58]
108. You can do just about anything you really set your mind to do.	1	2	3	4	5	6	7	[59]

End of Form