

SELF RATING AT INTAKE (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]

INSTRUCTIONS: Circle the answer that shows how much you agree or disagree that each item describes you or the way you have been feeling lately.

		DISAGREE					NOT		AGREE	
		STRONGLY	SURE	STRONGLY				
1. Your drug use is a problem for you.	1	2	3	4	5	6	7	[19]		
2. You like to take chances.	1	2	3	4	5	6	7	[20]		
3. You feel people are important to you.	1	2	3	4	5	6	7	[21]		
4. You skipped school while growing up. ...	1	2	3	4	5	6	7	[22]		
5. You feel sad or depressed.	1	2	3	4	5	6	7	[23]		
6. You feel honesty is required in every situation.	1	2	3	4	5	6	7	[24]		
7. You need help in dealing with your drug use.	1	2	3	4	5	6	7	[25]		
8. You consider how your actions will affect others.	1	2	3	4	5	6	7	[26]		
9. You have too many outside responsibilities now to be in this treatment program.	1	2	3	4	5	6	7	[27]		
10. You have much to be proud of.	1	2	3	4	5	6	7	[28]		
11. Your drug use is more trouble than it's worth.	1	2	3	4	5	6	7	[29]		
12. In general, you are satisfied with yourself.	1	2	3	4	5	6	7	[30]		
13. You like the "fast" life.	1	2	3	4	5	6	7	[31]		

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SELF RATING AT INTAKE (Continued)

	<u>DISAGREE</u>			NOT	<u>AGREE</u>			
	<u>STRONGLY</u>	<u>.....</u>	<u>.....</u>	<u>SURE</u>	<u>.....</u>	<u>.....</u>	<u>STRONGLY</u>	
14. You took things that did not belong to you when you were young.	1	2	3	4	5	6	7	[32]
15. You could be sent to jail or prison if you are not in treatment.	1	2	3	4	5	6	7	[33]
16. You feel mistreated by other people.	1	2	3	4	5	6	7	[34]
17. You have thoughts of committing suicide.	1	2	3	4	5	6	7	[35]
18. You have trouble sitting still for long.	1	2	3	4	5	6	7	[36]
19. Your drug use is causing problems with the law.	1	2	3	4	5	6	7	[37]
20. You plan ahead.	1	2	3	4	5	6	7	[38]
21. You like others to feel afraid of you.	1	2	3	4	5	6	7	[39]
22. You have trouble following rules and laws.	1	2	3	4	5	6	7	[40]
23. This treatment program seems too demanding for you.	1	2	3	4	5	6	7	[41]
24. You feel lonely.	1	2	3	4	5	6	7	[42]
25. You like friends who are wild.	1	2	3	4	5	6	7	[43]
26. Your drug use is causing problems in thinking or doing your work.	1	2	3	4	5	6	7	[44]
27. You had good relations with your parents while growing up.	1	2	3	4	5	6	7	[45]
28. You like to do things that are strange or exciting.	1	2	3	4	5	6	7	[46]
29. It is urgent that you find help immediately for your drug use.	1	2	3	4	5	6	7	[47]
30. You feel like a failure.	1	2	3	4	5	6	7	[48]
31. You have trouble sleeping.	1	2	3	4	5	6	7	[49]

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SELF RATING AT INTAKE (Continued)

	<u>DISAGREE</u>			NOT	<u>AGREE</u>			
	<u>STRONGLY</u>	<u>.....</u>	<u>.....</u>	<u>SURE</u>	<u>.....</u>	<u>.....</u>	<u>STRONGLY</u>	
32. You feel a lot of pressure to be in treatment.	1	2	3	4	5	6	7	[50]
33. You depend on “things” more than on “people”.	1	2	3	4	5	6	7	[51]
34. Your drug use is causing problems with your family or friends.	1	2	3	4	5	6	7	[52]
35. You had feelings of anger and frustration during your childhood.	1	2	3	4	5	6	7	[53]
36. You feel interested in life.	1	2	3	4	5	6	7	[54]
37. This treatment may be your last chance to solve your drug problems.	1	2	3	4	5	6	7	[55]
38. You have urges to fight or hurt others.	1	2	3	4	5	6	7	[56]
39. You think about probable results of your actions.	1	2	3	4	5	6	7	[57]
40. You are tired of the problems caused by drugs.	1	2	3	4	5	6	7	[58]
41. You avoid anything dangerous.	1	2	3	4	5	6	7	[59]
42. You feel you are basically no good.	1	2	3	4	5	6	7	[60]
43. This kind of treatment program will <u>not</u> be very helpful to you.	1	2	3	4	5	6	7	[61]
44. You have a hot temper.	1	2	3	4	5	6	7	[62]
45. You have trouble making decisions.	1	2	3	4	5	6	7	[63]
46. Your drug use is causing problems in finding or keeping a job.	1	2	3	4	5	6	7	[64]
47. You keep the same friends for a long time.	1	2	3	4	5	6	7	[65]
48. You have legal problems that require you to be in treatment.	1	2	3	4	5	6	7	[66]

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SELF RATING AT INTAKE (Continued)

	<u>DISAGREE</u>			NOT	<u>AGREE</u>			
	<u>STRONGLY</u>	<u>.....</u>	<u>.....</u>	<u>SURE</u>	<u>.....</u>	<u>.....</u>	<u>STRONGLY</u>	
49. You think of several different ways to solve a problem.	1	2	3	4	5	6	7	[67]
50. You plan to stay in this treatment program for awhile.	1	2	3	4	5	6	7	[68]
51. You got involved in arguments and fights while growing up.	1	2	3	4	5	6	7	[69]
52. You feel anxious or nervous.	1	2	3	4	5	6	7	[70]
53. You will give up your friends and hangouts to solve your drug problems.	1	2	3	4	5	6	7	[71]
54. You analyze problems by looking at all the choices.	1	2	3	4	5	6	7	[72]
55. Your temper gets you into fights or other trouble.	1	2	3	4	5	6	7	[73]
56. You make decisions without thinking about consequences.	1	2	3	4	5	6	7	[74]
57. While a teenager, you got into trouble with school authorities or the police.	1	2	3	4	5	6	7	[75]
58. You can quit using drugs without any help.	1	2	3	4	5	6	7	[76]
59. You have trouble concentrating or remembering things.	1	2	3	4	5	6	7	[77]
60. Your drug use is causing problems with your health.	1	2	3	4	5	6	7	[---;02;ID] [11]
61. You feel extra tired or run down.	1	2	3	4	5	6	7	[12]
62. You work hard to keep a job.	1	2	3	4	5	6	7	[13]
63. You are in this treatment program because someone else made you come.	1	2	3	4	5	6	7	[14]
64. You make good decisions.	1	2	3	4	5	6	7	[15]

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SELF RATING AT INTAKE (Continued)

	<u>DISAGREE</u>			NOT	<u>AGREE</u>			
	<u>STRONGLY</u>	<u>.....</u>	<u>.....</u>	<u>SURE</u>	<u>.....</u>	<u>.....</u>	<u>STRONGLY</u>	
65. You had good self-esteem and confidence while growing up.	1	2	3	4	5	6	7	[16]
66. You feel afraid of certain things, like elevators, crowds, or going out alone.	1	2	3	4	5	6	7	[17]
67. You are concerned about legal problems.	1	2	3	4	5	6	7	[18]
68. You only do things that feel safe.	1	2	3	4	5	6	7	[19]
69. Your life has gone out of control.	1	2	3	4	5	6	7	[20]
70. You get mad at other people easily.	1	2	3	4	5	6	7	[21]
71. Your religious beliefs are very important in your life.	1	2	3	4	5	6	7	[22]
72. Your drug use is making your life become worse and worse.	1	2	3	4	5	6	7	[23]
73. You wish you had more respect for yourself.	1	2	3	4	5	6	7	[24]
74. You worry or brood a lot.	1	2	3	4	5	6	7	[25]
75. This treatment program can really help you.	1	2	3	4	5	6	7	[26]
76. You have carried weapons, like knives or guns.	1	2	3	4	5	6	7	[27]
77. You feel tense or keyed-up.	1	2	3	4	5	6	7	[28]
78. You were emotionally or physically abused while you were young.	1	2	3	4	5	6	7	[29]
79. You are very careful and cautious.	1	2	3	4	5	6	7	[30]
80. You want to be in a drug treatment program.	1	2	3	4	5	6	7	[31]
81. You think about what causes your current problems.	1	2	3	4	5	6	7	[32]

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SELF RATING AT INTAKE (Continued)

		<u>DISAGREE</u>		NOT		<u>AGREE</u>		
		STRONGLY		SURE		STRONGLY		
82. Taking care of your family is very important.	1	2	3	4	5	6	7	[33]
83. Your drug use is going to cause your death if you do not quit soon.	1	2	3	4	5	6	7	[34]
84. You feel you are unimportant to others.	1	2	3	4	5	6	7	[35]
85. You feel a lot of anger inside you.	1	2	3	4	5	6	7	[36]
86. You want to get your life straightened out.	1	2	3	4	5	6	7	[37]
87. You feel tightness or tension in your muscles.	1	2	3	4	5	6	7	[38]
88. You have family members who want you to be in treatment.	1	2	3	4	5	6	7	[39]
89. You have concerns about sex.	1	2	3	4	5	6	7	[40]
90. You have had one or more frightening sexual experiences.	1	2	3	4	5	6	7	[41]
91. You have little control over the things that happen to you.	1	2	3	4	5	6	7	[42]
92. There is really no way you can solve some of the problems you have.	1	2	3	4	5	6	7	[43]
93. There is little you can do to change many of the important things in your life.	1	2	3	4	5	6	7	[44]
94. You often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7	[45]
95. Sometimes you feel that you are being pushed around in life.	1	2	3	4	5	6	7	[46]
96. What happens to you in the future mostly depends on you.	1	2	3	4	5	6	7	[47]
97. You can do just about anything you really set my mind to do.	1	2	3	4	5	6	7	[48]

End of Form