

TCU Treatment Motivation Scales

(Taken from CESI: Client Evaluation of Self at Intake)

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.

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Your drug use is a problem for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You need help in dealing with your drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. You have too many outside responsibilities now to be in this treatment program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Your drug use is more trouble than it's worth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. You could be sent to jail or prison if you are not in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Your drug use is causing problems with the law. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. This treatment program seems too demanding for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Your drug use is causing problems in thinking or doing your work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. It is urgent that you find help immediately for your drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. You feel a lot of pressure to be in treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Your drug use is causing problems with your family or friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. This treatment may be your last chance to solve your drug problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. You are tired of the problems caused by drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

14. This kind of treatment program will not be very helpful to you.
15. Your drug use is causing problems in finding or keeping a job.
16. You have legal problems that require you to be in treatment.
17. You plan to stay in this treatment program for awhile.
18. You will give up your friends and hangouts to solve your drug problems.
19. You can quit using drugs without any help.
20. Your drug use is causing problems with your health.
21. You are in this treatment program because someone else made you come.
22. You are concerned about legal problems.
23. Your life has gone out of control.
24. Your drug use is making your life become worse and worse.
25. This treatment program can really help you.
26. You want to be in a drug treatment program.
27. Your drug use is going to cause your death if you do not quit soon.
28. You want to get your life straightened out.
29. You have family members who want you to be in treatment.