

TCU ADOL ENGFORM

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

Please indicate how much you AGREE or DISAGREE with each statement.

- | | | | | | |
|---|---|---|---|---|---|
| 1. You trust your counselor. | ○ | ○ | ○ | ○ | ○ |
| 2. Time schedules for counseling sessions at this program are convenient for you. | ○ | ○ | ○ | ○ | ○ |
| 3. It's always easy to follow or understand what your counselor is trying to tell you. | ○ | ○ | ○ | ○ | ○ |
| 4. This program expects you to learn responsibility and self-discipline. | ○ | ○ | ○ | ○ | ○ |
| 5. Your counselor is easy to talk to. | ○ | ○ | ○ | ○ | ○ |
| 6. You are willing to talk about your feelings during counseling. | ○ | ○ | ○ | ○ | ○ |
| 7. This program is organized and run well. ... | ○ | ○ | ○ | ○ | ○ |
| 8. You are motivated and encouraged by your counselor. | ○ | ○ | ○ | ○ | ○ |
| 9. You have made progress with your drug/alcohol problems. | ○ | ○ | ○ | ○ | ○ |
| 10. You are satisfied with this program. | ○ | ○ | ○ | ○ | ○ |
| 11. You have learned to analyze and plan ways to solve your problems. | ○ | ○ | ○ | ○ | ○ |
| 12. You have made progress toward your treatment program goals. | ○ | ○ | ○ | ○ | ○ |
| 13. You always attend the counseling sessions scheduled for you. | ○ | ○ | ○ | ○ | ○ |
| 14. Your counselor recognizes the progress you make in treatment. | ○ | ○ | ○ | ○ | ○ |

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Client ID#	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Today's Date	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Facility ID#	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Administration	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Study Code
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<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>		<i>Strongly</i>
(1)	(2)	(3)	(4)		(5)

15. Your counselor is well organized and prepared for each counseling session. (1) (2) (3) (4) (5)
16. Your counselor is sensitive to your situation and problems. (1) (2) (3) (4) (5)
17. Your treatment plan has reasonable goals. (1) (2) (3) (4) (5)
18. Your counselor views your problems and situations realistically. (1) (2) (3) (4) (5)
19. Other clients at this program care about you and your problems. (1) (2) (3) (4) (5)
20. You have stopped your drug use while in this program. (1) (2) (3) (4) (5)
21. Your counselor helps you develop confidence in yourself. (1) (2) (3) (4) (5)
22. You always participate actively in your counseling sessions. (1) (2) (3) (4) (5)
23. You have made progress in understanding your feelings and behavior. (1) (2) (3) (4) (5)
24. Other clients at this program are helpful to you. (1) (2) (3) (4) (5)
25. You have improved your relations with other people because of this treatment. (1) (2) (3) (4) (5)
26. The staff here are efficient at doing their job. (1) (2) (3) (4) (5)
27. You are similar to (or like) other clients of this program. (1) (2) (3) (4) (5)
28. You have made progress with your emotional or psychological issues. (1) (2) (3) (4) (5)

Client ID#				Today's Date			Facility ID#		Administration	Study Code

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

- 29. Your counselor respects you and your opinions.
- 30. You have developed positive trusting friendships while in this program.
- 31. You give honest feedback during counseling.
- 32. You can depend on your counselor's understanding.
- 33. There is a sense of family (or community) in this program.
- 34. You can get plenty of personal counseling at this program.
- 35. Your friendships at this program have gotten you in trouble with the staff.
- 36. Other clients at this program make it hard for you to focus on your treatment.