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

TCU ADOL MOTFORM

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

	Disagree Strongly (1)	*Disagree (2)*	*Uncertain (3)*	*Agree (4)*	*Agree Strongly (5)*
1. You need help dealing with your drug use.	○	○	○	○	○
2. You need to be in treatment now.	○	○	○	○	○
3. You have family members who want you to be in treatment.	○	○	○	○	○
4. This treatment gives you a chance to solve your drug problems.	○	○	○	○	○
5. Your drug use is a problem for you.	○	○	○	○	○
6. This kind of treatment program is not helpful to you.	○	○	○	○	○
7. You need help with your emotional troubles.	○	○	○	○	○
8. Your drug use is more trouble than it's worth.	○	○	○	○	○
9. You have friends who want you to be in treatment.	○	○	○	○	○
10. Your drug use is causing problems with the law.	○	○	○	○	○
11. Your drug use is causing problems in thinking or doing your school work.	○	○	○	○	○
12. It is urgent that you find help immediately for your drug use.	○	○	○	○	○
13. You will give up your friends and hangouts to solve your drug problems.	○	○	○	○	○
14. You feel a lot of pressure to be in treatment.	○	○	○	○	○

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	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
15. You need individual counseling sessions.	○	○	○	○	○
16. Your drug use is causing problems with your family.	○	○	○	○	○
17. You expect to be sent to a juvenile detention facility if you are not in treatment.	○	○	○	○	○
18. This treatment program gives you hope for recovery.	○	○	○	○	○
19. You need educational or job training services.	○	○	○	○	○
20. Your drug use is causing problems with school attendance.	○	○	○	○	○
21. You want to be in drug treatment.	○	○	○	○	○
22. Your life has gone out of control.	○	○	○	○	○
23. You need group counseling sessions.	○	○	○	○	○
24. Your drug use is causing problems with your health.	○	○	○	○	○
25. You are ready to leave this treatment program.	○	○	○	○	○
26. You are tired of the problems caused by drugs.	○	○	○	○	○
27. You are at this treatment program only because it is required.	○	○	○	○	○
28. Your drug use is making your life become worse and worse.	○	○	○	○	○
29. You have serious drug-related health problems.	○	○	○	○	○
30. You want to get your life straightened out.	○	○	○	○	○

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	Disagree Strongly (1)	*Disagree (2)*	*Uncertain (3)*	*Agree (4)*	*Agree Strongly (5)*
31. You need medical care and services.	○	○	○	○	○
32. Several people close to you have serious drug problems.	○	○	○	○	○
33. Your drug use is going to cause your death if you do not quit soon.	○	○	○	○	○
34. You have legal problems that require you to be in treatment.	○	○	○	○	○
35. You are not ready for this kind of treatment program.	○	○	○	○	○
36. Your drug use is causing problems with your friends.	○	○	○	○	○

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