THERAPIST EVALUATION OF THE PATIENT’S READINESS TO CHANGE

Name of Patient: ______________________________________________

Name of Therapist: _____________________________________________

A. Evidence of Drug Problem? _______ No  _______ Yes

1 = Strongly Disagree; 2 = Disagree; 3 = Unsure; 4 = Agree; 5 = Strongly Agree that the patient:

1. Doesn’t think he/she uses drugs too much.                   1  2  3  4  5 (P)
2. Is trying to use drugs less.                               1  2  3  4  5 (A)
3. Was using drugs too much at one time but has managed to change.  1  2  3  4  5 (M)
4. Enjoys drug use but feels he/she uses too much.           1  2  3  4  5 (C)
5. Sometimes thinks he/she should cut down on drug use.      1  2  3  4  5 (C)
6. Has changed his/her drug use but is looking for ways to keep from slipping back to the old pattern.  1  2  3  4  5 (M)
7. Feels that it is a waste of time talking about drug use.   1  2  3  4  5 (P)
8. Has recently changed his/her drug use.                    1  2  3  4  5 (A)
9. Wants to keep from going back to the drug problem he/she had before.  1  2  3  4  5 (M)
10. Is actually doing something about his/her drug use.       1  2  3  4  5 (A)
11. Feels he/she should consider using drugs less.           1  2  3  4  5 (C)
12. Feels that drug use is a problem sometimes.              1  2  3  4  5 (C)
13. Feels that there is no need for him/her to change his/her drug use.  1  2  3  4  5 (P)
14. Is changing his/her drug use habits.                     1  2  3  4  5 (A)
15. Feels it would be pointless to use drugs less.           1  2  3  4  5 (P)
16. Has made some changes in drug use and wants help to keep from going back to the way he/she used to use.  1  2  3  4  5 (M)

Please circle the stage that you feel best describes the patient’s readiness to change their drug use?
P = Precontemplation; C = Contemplation; D = Determination;
A = Action; M = Maintenance