

Stages of Change Readiness and Treatment Eagerness Scale (Socrates 8A)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel about your drinking and/or drugging. For each statement, place a check mark in the box that best describes your agreement with the statement at this time. Please check one and only one box for every statement.

Please Circle if you are here for alcohol, drugs, or both:

Alcohol Drugs Both

	NO! Strongly Disagree	NO Disagree	? Undecided or Unsure	Yes Agree	Yes! Strongly Agree
1. I really want to make, or have made changes in my drinking/drug use.					
2. Sometimes I wonder if, or I already know, I am addicted to alcohol/drugs.					
3. If I don't change, or if I hadn't changed, my drinking/drugging, problems are/were going to get worse.					
4. I have already started making some changes in my drinking/drugging.					
5. I was drinking/drugging too much at one time, but I've managed to change my drinking/drugging.					
6. Sometimes I wonder, or I already know, if my drinking/drugging is hurting people.					
7. I am, or used to be, a problem drinker/drug user.					
8. I'm not just thinking about changing my drinking/drugging, I'm already doing something about it.					
9. I have already changed my drinking/drugging, and I am looking for ways to keep from slipping back to my old pattern.					
10. I have, or have had, serious problems with drinking/drugging.					
11. Sometimes, I wonder, or have wondered, if I am in control of my drinking/drugging.					

	NO! Strongly Disagree	NO Disagree	? Undecided or Unsure	Yes Agree	Yes! Strongly Agree
12. My drinking/drugging is causing, or has caused a lot of harm.					
13. I am actively doing things now to cut down, stop, or abstain from drinking/drugging.					
14. I want help to keep from going back to the drinking/drugging problems that I had before.					
15. I know that I have a drinking/drugging problem.					
16. There are, or have been times when I wonder if I drink or drug too much.					
17. I am an alcoholic/drug addict.					
18. I am working hard to change, or have changed, my drinking/drugging.					
19. I have made some changes in my drinking/drugging, and I want some help to keep from going back to the way I used to drink.					

SOCRATES SCORING FORM

Transfer the client's answers from questionnaire.

Recognition	Ambivalence	Taking Steps
1	2	4
3	6	5
7	11	8
10	16	9
12		13
15		14
17		18
		19
Totals		
Range 7-35	4-20	8-40

READINESS TO CHANGE QUESTIONNAIRE IOP ONLY

Please read the sentences below carefully. For each one, please check the answer that best describes how you feel at this time about your AOD (alcohol and other drugs). Your answers will be private and confidential.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. *My AOD use is okay as it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ^I am trying use AOD less than I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. #I enjoy my AOD use but sometimes I drink/drug too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. #I should cut down on my AOD use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. *It's a waste of time thinking about my AOD use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ^I have just recently changed my AOD habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ^Anyone can talk about wanting to do something about AOD use, but I am doing something about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. #I am at the stage where I should think about less AOD use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. #My AOD use is a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. *It's alright for me to keep using AOD as I do now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ^I am changing my AOD habits now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. *My life would still be the same, even if I used AOD less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring the readiness to change questionnaire

The precontemplation items are numbers 1,5,10 and 12. The contemplation items are numbers 3, 4, 8 and 9. The Action items are numbers 2, 6, 7 and 11. All items are to be scored on a 5-point rating scale ranging from:

-2 Strongly disagree

-1 Disagree

0 Unsure

+1 Agree

+2 Strongly agree

To calculate the score for each scale, simply add the item scores for the scale in question. The range of each scale is -8 through 0 to +8. A negative score reflects an overall disagreement with items measuring the stage of change, whereas a positive score represents overall agreement. The highest score represents the Stage of Change Designation.

Note: If two scale scores are equal, then the scale further along the continuum of change (precontemplation, contemplation, action) represents the subject's Stage of Change Designation. For example, if a subject scores 6 on the Precontemplation scale, 6 on the Contemplation scale and -2 on the Action scale, then the subject is assigned to the Contemplation stage.

Note that positive scores on the Precontemplation scale signify a lack of readiness to change. To obtain a score for Precontemplation that represents the subject's degree of readiness to change, comparable to scores on the Contemplation and Action scales simply reverse the sign of the Precontemplation score (see below)

If one of the four items on a scale is missing, the subject's score for that scale should be prorated (i.e. multiplied by 1.33). If two or more items are missing, the scale score cannot be calculated. In this case, the Stage of Change Designation will be invalid.

Stage of Change designation

*Precontemplation score _____	Precontemplation _____ (reverse score)
#Contemplation score _____	Contemplation _____ (same score)
^Action score _____	Action _____ (same score)

FOLLMAN AGENCY ONE-ON-ONE QUESTIONNAIRE

Name: _____ Date: _____ Sobriety Date: _____

Have you made any progress in meeting your treatment plan goals? Please explain:

PLEASE IDENTIFY WHICH ITEMS ARE AN ISSUE FOR YOU: (check all that apply)

Sleep	Stress	Employment	
Mood Swings	Emotional Flooding	12 Step Meetings	
Physical Illness	Relationships	Ongoing Physical Problems	

1. Do you think you are having any effects related to your not using or drinking?.....YES NO
 If YES, rate their intensity from 1 to 10 with 1 being very low and 10 being very strong:

- | | |
|------------------|--------------------|
| _____ Anxiety | _____ Irritability |
| _____ Cravings | _____ Seizures |
| _____ Depression | _____ Tremors |

2. Do you have any issues for which you are seeing a doctor and/or taking medications, including over the counter preparations?.....YES NO
 If YES, what is the medical condition? _____
 What medications and/or preparations are you taking? _____

3. Have you recently or currently experienced any suicidal thoughts?.....YES NO

4. Has the stress in your life increased since you quit using?.....YES NO

5. Do you think alcohol/drug addiction is a disease?.....YES NO

6. Do you believe you have an alcohol use disorder? Is it Mild – Moderate – Severe?YES NO

7. Do you believe treatment for these problems works?.....YES NO

8. Are you having any difficulties not using?.....YES NO

9. Are you dealing with stress or problems in a different way than you did when you were using? YES NO

10. Have you changed any social or recreational activities since you quit using?..... YES NO

11. What skills have you learned since entering treatment? _____

12. What skills are you interested in learning? _____

13. Have you made any new friends through the groups and meetings you attend?.....YES NO

14. Who or what is your primary support person or group? _____

