

Treatment Needs/Motivation Scales (TCU MOTForm)

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Institute of Behavioral Research
Texas Christian University
TCU Box 298740
Fort Worth, TX 76129
E-mail: ibr@tcu.edu
Website: www.ibr.tcu.edu

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Institute of Behavioral Research, Texas Christian University. (2008). *TCU MOTForm scales and item scoring guide*. Retrieved from <http://www.ibr.tcu.edu/pubs/datacoll/Forms/adc-MOT-sg.pdf>

(Project Name / Activity Name)
Pre-activity Evaluation Questionnaire

Participant no.: _____

Please read each item carefully and decide on the most appropriate option.	(1) strongly disagree	(2) disagree	(3) uncertain	(4) agree	(5) strongly agree
1. You need help with your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You need to be in treatment now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You have family members who want you to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This treatment gives you a chance to solve your drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your drug use is a problem for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This kind of treatment program is not helpful to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You need help with your emotional troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your drug use is more trouble than it's worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You are concerned about legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your drug use is causing problems with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Your drug use is causing problems in thinking or doing your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. It is urgent that you find help immediately for your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You will give up your friends and hangouts to solve your drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You feel a lot of pressure to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You need individual counseling sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Your drug use is causing problems with your family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You expect to be sent to jail or prison if you are not in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. This treatment program gives you hope for recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. You need educational or vocational training services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Your drug use is causing problems in finding or keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read each item carefully and decide on the most appropriate option.

	(1) strongly disagree	(2) disagree	(3) uncertain	(4) agree	(5) strongly agree
21. You want to be in drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Your life has gone out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. You need group counseling sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Your drug use is causing problems with your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. You are ready to leave this treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. You are tired of the problems caused by drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. You are at this treatment program only because it is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Your drug use is making your life become worse and worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. You have serious drug-related health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. You want to get your life straightened out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. You need medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Several people close to you have serious drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Your drug use is going to cause your death if you do not quit soon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. You have legal problems that require you to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. You are not ready for this kind of treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Please fill in the "uncertain" box as your response for this question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- 1 *Please list other activities in the programme* 2 *Please list other activities in the programme*
 3 *Please list other activities in the programme* 4 *Please list other activities in the programme*
 5 *Please list other activities in the programme* 6 *Please list other activities in the programme*

~ Thank you ~

(Project Name / Activity Name)
Post-activity Evaluation Questionnaire

Participant no.: _____

Please read each item carefully and decide on the most appropriate option.	(1) strongly disagree	(2) disagree	(3) uncertain	(4) agree	(5) strongly agree
1. You need help with your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You need to be in treatment now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You have family members who want you to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This treatment gives you a chance to solve your drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your drug use is a problem for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This kind of treatment program is not helpful to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You need help with your emotional troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your drug use is more trouble than it's worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You are concerned about legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your drug use is causing problems with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Your drug use is causing problems in thinking or doing your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. It is urgent that you find help immediately for your drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You will give up your friends and hangouts to solve your drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You feel a lot of pressure to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You need individual counseling sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Your drug use is causing problems with your family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You expect to be sent to jail or prison if you are not in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. This treatment program gives you hope for recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. You need educational or vocational training services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Your drug use is causing problems in finding or keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read each item carefully and decide on the most appropriate option.

	(1) strongly disagree	(2) disagree	(3) uncertain	(4) agree	(5) strongly agree
21. You want to be in drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Your life has gone out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. You need group counseling sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Your drug use is causing problems with your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. You are ready to leave this treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. You are tired of the problems caused by drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. You are at this treatment program only because it is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Your drug use is making your life become worse and worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. You have serious drug-related health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. You want to get your life straightened out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. You need medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Several people close to you have serious drug problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Your drug use is going to cause your death if you do not quit soon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. You have legal problems that require you to be in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. You are not ready for this kind of treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Please fill in the "uncertain" box as your response for this question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- 1 *Please list other activities in the programme* 2 *Please list other activities in the programme*
 3 *Please list other activities in the programme* 4 *Please list other activities in the programme*
 5 *Please list other activities in the programme* 6 *Please list other activities in the programme*

~ Thank you ~

Information Note on Evaluation Question Set No. 9
Treatment Needs and Motivation Scale

The scale consists of 5 subscales, namely Problem Recognition (PR), Desire for Help (DH), Treatment Readiness (TR), Pressures for Treatment (PT), and Treatment Needs (TN). Individual subscales can be adopted as appropriate.

Problem Recognition (PR) subscale

9 items in PR subscale:

5. Your drug use is a problem for you
8. Your drug use is more trouble than it's worth
10. Your drug use is causing problems with the law
11. Your drug use is causing problems in thinking or doing your work
16. Your drug use is causing problems with your family or friends
20. Your drug use is causing problems in finding or keeping a job
24. Your drug use is causing problems with your health
28. Your drug use is making your life become worse and worse
33. Your drug use is going to cause your death if you do not quit soon

Desire for Help (DH) subscale

6 items in DH subscale:

1. You need help with your drug use
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
22. Your life has gone out of control
26. You are tired of the problems caused by drugs
30. You want to get your life straightened out

Treatment Readiness (TR) subscale

8 items in TR subscale:

2. You need to be in treatment now
4. This treatment gives you a chance to solve your drug problems
6. This kind of treatment program is not helpful to you
18. This treatment program gives you hope for recovery
21. You want to be in drug treatment
25. You are ready to leave this treatment program
27. You are at this treatment program only because it is required
35. You are not ready for this kind of treatment program

Pressures for Treatment (PT) subscale

7 items in PT subscale:

- 3. You have family members who want you to be in treatment
- 9. You are concerned about legal problems
- 14. You feel a lot of pressure to be in treatment
- 17. You expect to be sent to jail or prison if you are not in treatment
- 29. You have serious drug-related health problems
- 32. Several people close to you have serious drug problems
- 34. You have legal problems that require you to be in treatment

Treatment Needs (TN) subscale

5 items in TN subscale:

- 7. You need help with your emotional troubles
- 15. You need individual counseling sessions
- 19. You need educational or vocational training services
- 23. You need group counseling sessions
- 31. You need medical care and services

Key:

The 4 items underlined are negatively phrased which means the score for individual items shall be calculated by subtracting respondent's rating from 6. For instance, if the respondent's rating for Q35 is 2, then the score for Q35 shall be $6-2 = 4$.

Special item 36 provides for a response accuracy check and should be marked "Uncertain" (3) to indicate the respondent read and understood the question.