

CTCR
CENTER FOR THERAPEUTIC COMMUNITY RESEARCH

CIRCUMSTANCES, MOTIVATION, and READINESS
SCALES for SUBSTANCE ABUSE TREATMENT

CMR FACTOR SCALES
Intake Version

CLIENT ID NUMBER..... (/ / / / / / / /) (1-8)

CLIENT GENDER..... () (9)
1=Male 2=Female

CLIENT ETHNICITY..... () (10)
1=African American 2=Hispanic 3=White 4=Other

CLIENT AGE..... (/) (11-12)

PRIMARY DRUG..... (/) (13-14)
1=Non-crack cocaine 5=Alcohol
2=Crack 6=Poly Drug
3=Opiates 8=Other
4=Marijuana

TREATMENT MODALITY..... (/) (15-16)
1= Drug Free Outpatient 7= No Treatment Entered
2= Day Treatment 8= Detoxification Only
3= Methadone Maintenance 9= Detoxification as Entry into Treatment
4= Brief Residential (0-3 months) 10= Hospital Inpatient
5= Short Term Residential (4 to 6 months) 11= Referral Center
6= Long Term Residential (More than 6 months) 12= Other

DATE OF ADMINISTRATION..... (/ / / / / /) (17-22)

FOR CTCR USE ONLY. PLEASE LEAVE BLANK.

INSTRUMENT VERSION..... () (23)

PROGRAM NUMBER..... (/) (24-25)

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How you feel can have a powerful effect on treatment. These feelings include your circumstances, the problems in your life, your feelings about yourself, and your feelings about treatment. Carefully consider each of the questions below and indicate how closely they describe your own thoughts and feelings.

Circle the number that best describes your response.

	1	2	3	4	5	9				
	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Not Applicable				
1.	I am sure that I would go to jail if I didn't enter treatment.				1----	2----	3----	4----	5----	9 ____ (26)
2.	I am sure that I would have come to treatment without the pressure of my legal involvement.				1----	2----	3----	4----	5----	9 ____ (27)
3.	I am sure that my family will not let me live at home if I did not come to treatment.				1----	2----	3----	4----	5----	9 ____ (28)
4.	I believe that my family/relationship will try to make me leave treatment after a few months.				1----	2----	3----	4----	5----	9 ____ (29)
5.	I am worried that I will have serious money problems if I stay in treatment.				1----	2----	3----	4----	5----	9 ____ (30)
6.	Basically, I feel I have too many outside problems that will prevent me from completing treatment (parents, spouse/relationship, children, loss of job, loss of income, loss of education, family problems, loss of home/place to live, etc.).				1----	2----	3----	4----	5----	9 ____ (31)
7.	Basically, I feel that my drug use is a very serious problem in my life.				1----	2----	3----	4----	5----	9 ____ (32)
8.	Often I don't like myself because of my drug use.				1----	2----	3----	4----	5----	9 ____ (33)
9.	Lately, I feel if I don't change, my life will keep getting worse.				1----	2----	3----	4----	5----	9 ____ (34)
10.	I really feel bad that my drug use and the way I've been living has hurt a lot of people.				1----	2----	3----	4----	5----	9 ____ (35)
11.	It is more important to me than anything else that I stop using drugs.				1----	2----	3----	4----	5----	9 ____ (36)

1	2	3	4	5	9
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Not Applicable
12.	I don't really believe that I have to be in treatment to stop using drugs, I can stop anytime I want.			1----2----3----4----5----9	___ (37)
13.	I came to this program because I really feel that I'm ready to deal with myself in treatment.			1----2----3----4----5----9	___ (38)
14.	I'll do whatever I have to do to get my life straightened out.			1----2----3----4----5----9	___ (39)
15.	Basically, I don't see any other choice for help at this time except some kind of treatment.			1----2----3----4----5----9	___ (40)
16.	I don't really think I can stop my drug use with the help of friends, family or religion, I really need some kind of treatment.			1----2----3----4----5----9	___ (41)
17.	I am really tired of using drugs and want to change, but I know I can't do it on my own.			1----2----3----4----5----9	___ (42)
18.	I'm willing to enter treatment as soon as possible.			1----2----3----4----5----9	___ (43)

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