

## TREATMENT ATTITUDES QUESTIONNAIRE

1. How many times have you received inpatient treatment for addiction? \_\_\_\_\_  
*If this is your first treatment, go to Question 6.*

2. What was effective about past treatments?

3. What was ineffective about past treatments?

4. Which treatment suggestions did you follow?

5. Which treatment suggestions did you ignore?

6. Have you attended A.A. or N.A.? \_\_\_\_\_  
If yes, what was effective about the meetings?

What was ineffective about the meetings?

7. Please answer the following questions True (T) or False (F):

- \_\_\_\_\_ I expect treatment to require much work on my part.
- \_\_\_\_\_ I get annoyed when people say that I need treatment.
- \_\_\_\_\_ I expect long-term benefit from treatment.
- \_\_\_\_\_ If I refused treatment, I would feel guilty.
- \_\_\_\_\_ I need support to help me remain sober and drug-free.
- \_\_\_\_\_ When I finish treatment, most of my problems will be solved.
- \_\_\_\_\_ I can handle my problems myself.
- \_\_\_\_\_ As long as I'm sober, everything should fall into place.
- \_\_\_\_\_ My addiction is caused by negative events in my life.
- \_\_\_\_\_ I don't see the benefit of talking about my problems.
- \_\_\_\_\_ I object to the idea of attending a lot of meetings.
- \_\_\_\_\_ Anyone faced with my problems would drink or use drugs.
- \_\_\_\_\_ My family and friends support my treatment.
- \_\_\_\_\_ I don't trust people enough to open up about myself.
- \_\_\_\_\_ I need to change my lifestyle to remain sober or drug-free.
- \_\_\_\_\_ I am willing to change my daily schedule to include aftercare.
- \_\_\_\_\_ I am willing to take direction from others with my recovery.
- \_\_\_\_\_ I tend to get defensive when people give me feedback.