

WHAT I WANT FROM TREATMENT (2.0)
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FOR OFFICE USE ONLY	
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WIWOOO- Revised 8/94 5 Pages	

INSTRUCTIONS

People have different ideas about what they want, need, and expect from treatment. This questionnaire is designed to help you explain what you would like to have happen in your treatment.

Many possibilities are listed. For each one, please indicate how much you would like for this to be part of your treatment. You can do this by circling one number (0, 1, 2, or 3) for each item. This is what the numbers mean:

- | | | |
|----------|-------------|--|
| 0 | NO | This means that you definitely do <u>NOT</u> want or need this from treatment |
| 1 | ? | This means that you are <u>UNSURE</u>. <u>MAYBE</u> you want or need this from treatment. |
| 2 | Yes | This means that you <u>DO</u> want or need this from treatment. |
| 3 | YES! | This means that you <u>DEFINITELY</u> want or need this from treatment. |

FOR EXAMPLE:

Consider item #1 which says, "I want to receive detoxification."

If you definitely do NOT want or need to receive detoxification, you would circle 0.

If you are UNSURE whether you want or need detoxification, you would circle 1.

If you DO want detoxification, you would circle 2.

If you DEFINITELY know that detoxification is an important goal for your treatment, you would circle 3.

If you have any questions about how to use this questionnaire, ask for assistance before you begin.

WHAT DO YOU WANT FROM TREATMENT?

Section I: Addictive Behaviors

Do you want this from treatment?	NO 0	Maybe 1	Yes 2	YES! 3
1. I want to receive detoxification, to ease my withdrawal from alcohol or other drugs.	0	1	2	3
2. I want to find out for sure whether I have a problem with alcohol or other drugs.	0	1	2	3
3. I want help to stop drinking alcohol completely.	0	1	2	3
4. I want help to decrease my drinking.	0	1	2	3
5. I want help to stop using drugs (other than alcohol).	0	1	2	3
6. I want help to decrease my use of drugs (other than alcohol)	0	1	2	3
7. I want to stop using tobacco.	0	1	2	3
8. I want to decrease my use of tobacco.	0	1	2	3
9. I want help with an eating problem.	0	1	2	3
10. I want help with a gambling problem.	0	1	2	3
11. I want to take Antabuse (a medication to help me stop drinking).	0	1	2	3
12. I want to take Trexan (a medication to help me stop using heroin).	0	1	2	3
13. I want to take methadone.	0	1	2	3
14. I want to learn more about alcohol/drug problems.	0	1	2	3
15. I want to learn some skills to keep from returning to alcohol or other drugs.	0	1	2	3
16. I would like to learn more about 12-step programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).	0	1	2	3

Section II: Other Concerns

Do you want this from treatment?	NO 0	Maybe 1	Yes 2	YES! 3
17. I would like to talk about some personal problems.	0	1	2	3
18. I need to fulfill a requirement of the courts.	0	1	2	3
19. I would like help with problems in my marriage or close relationship.	0	1	2	3
20. I want help with some health problems.	0	1	2	3
21. I want help to decrease my stress and tension.	0	1	2	3
22. I would like to improve my health by learning more about nutrition and exercise.	0	1	2	3
23. I want help with depression or moodiness.	0	1	2	3
24. I want to work on my spiritual growth.	0	1	2	3
25. I want to learn how to solve problems in my life.	0	1	2	3
26. I want help with angry feelings and how I express them.	0	1	2	3
27. I want to have healthier relationships.	0	1	2	3
28. I would like to discuss sexual problems.	0	1	2	3
29. I want to learn how to express my feelings in a more healthy way.	0	1	2	3
30. I want to learn how to relax better.	0	1	2	3
31. I want help in overcoming boredom.	0	1	2	3
32. I want help with feelings of loneliness.	0	1	2	3
33. I want to discuss having been physically abused.	0	1	2	3
34. I want help to prevent violence at home.	0	1	2	3
35. I want to discuss having been sexually abused.	0	1	2	3
36. I want to work on having better self-esteem.	0	1	2	3
37. I want help with sleep problems.	0	1	2	3
38. I want help with legal problems.	0	1	2	3

Do you want this from treatment?	NO 0	Maybe 1	Yes 2	YES! 3
39. I want advice about financial problems.	0	1	2	3
40. I would like help in finding a place to live.	0	1	2	3
41. I could use help in finding a job.	0	1	2	3
42. I want help in overcoming shyness.	0	1	2	3
43. Someone close to me has died or left, and I would like to talk about it.	0	1	2	3
44. I have thoughts about suicide and would like to discuss this.	0	1	2	3
45. I want help with personal fears or anxieties.	0	1	2	3
46. I want help to be a better parent.	0	1	2	3
47. I feel very confused and would like help with this.	0	1	2	3
48. I would like information about or testing for HIV/AIDS.	0	1	2	3
49. I want someone to listen to me.	0	1	2	3
50. I want to learn to have fun without drugs or alcohol.	0	1	2	3
51. I want someone to tell me what to do.	0	1	2	3
52. I want help in setting goals and priorities in my life.	0	1	2	3
53. I would like to learn how to manage my time better.	0	1	2	3
54. I want help to receive SSI/disability payments.	0	1	2	3
55. I want to find enjoyable ways to spend my free time.	0	1	2	3
56. I want help in getting my child(ren) back.	0	1	2	3
57. I would like to talk about my past.	0	1	2	3
58. I need help in getting motivated to change.	0	1	2	3

Section III: About the Kind of Treatment

Do you want this from treatment?	NO 0	Maybe 1	Yes 2	YES! 3
59. I would like to see a female counselor.	0	1	2	3
60. I would like to see a male counselor.	0	1	2	3
61. I would like to see the counselor I had before.	0	1	2	3
62. I would like to see a doctor or nurse about medical problems.	0	1	2	3
63. I want to receive medication.	0	1	2	3
64. I would like my spouse or partner to be in treatment with me.	0	1	2	3
65. I would like to have private, individual counseling.	0	1	2	3
66. I would like to be in a group with people who are dealing with problems similar to my own.	0	1	2	3
67. I need someone to care for my children while I am in treatment.	0	1	2	3
68. I want my treatment to be short.	0	1	2	3
69. I believe I will need to be in treatment for a long time.	0	1	2	3

Is there anything else that you would like from treatment? If so, please write it here:
