Client Name: ______________________ **Date:** ______________

Using the ruler shown below, indicate how ready you are to make a change (quit or cut down) in your use of each of the drugs shown.

Types of Drugs	Not Ready to Change			Unsure		Ready to Change			Trying to Change		or: I don't use this drug
	1	2	3	4	5	6	7	8	9	10	Don't Use
Alcohol	1	2	3	4	5	6	7	8	9	10	Don't Use
Tobacco/Nicotine	1	2	3	4	5	6	7	8	9	10	Don't Use
Cannabis/Marijuana/Hashish	1	2	3	4	5	6	7	8	9	10	Don't Use
Cocaine	1	2	3	4	5	6	7	8	9	10	Don't Use
Heroin	1	2	3	4	5	6	7	8	9	10	Don't Use
ADHD meds/Amphetamine (Ritalin, Adderall, Dexedrine, Speed etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Painkillers											
Hydrocodone (Vocidin, Hycodan, Lorcet, Lortab, Tylox, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Opium/Opiates (Codeine, Darvon, Darvocet, Demerol, Dilaudid, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Oxycodone (OxyContin, Percocet, Percodan, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Anti-anxiety Drugs/Depressants											
Barbiturates(Nembutal, Mebaral, phenobarbital, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Benzodiazepines (Valium, Librium, Xanax, Klonipin etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Antidepressants (Prozac, Zoloft, Paxil, Lexapro, Celexa etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Ecstasy (MDMA) & other club drugs / Molly	1	2	3	4	5	6	7	8	9	10	Don't Use
Methamphetamine	1	2	3	4	5	6	7	8	9	10	Don't Use
Inhalants (gas, glue, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Hallucinogens (LSD, Mushrooms, PCP, etc.)	1	2	3	4	5	6	7	8	9	10	Don't Use
Steroids	1	2	3	4	5	6	7	8	9	10	Don't Use
Over the Counter Meds (cough medicine, etc.) / codeine	1	2	3	4	5	6	7	8	9	10	Don't Use
KD/Spice	1	2	3	4	5	6	7	8	9	10	Don't Use
Bath salts	1	2	3	4	5	6	7	8	9	10	Don't Use
Smiles	1	2	3	4	5	6	7	8	9	10	Don't Use
Other Drugs:	1	2	3	4	5	6	7	8	9	10	Don't Use