

Readiness to Change Questionnaire—Treatment Version

Agency Name: _____

Site Name: _____

ID #: _____

Date: ___/___/_____

The following questions are designed to identify how you personally feel about your drinking right now. Please think about your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements. Please check the answer of your choice to each question. If you have any problems please ask the questionnaire administrator.

Your answers are completely private and confidential.

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|---|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| 1. It's a waste of time thinking about my drinking because I do not have a problem. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. I enjoy my drinking but sometimes I drink too much. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. I am trying to stop drinking or drink less than I used to. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. There is nothing seriously wrong with my drinking. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Sometimes I think I should quit or cut down on my drinking. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6. Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 7. I am a fairly normal drinker. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 8. My drinking is a problem sometimes. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 9. I am actually changing my drinking habits right now (either cutting down or quitting). | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 10. Giving up or drinking less alcohol would be pointless for me. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 11. I am weighing up the advantages and disadvantages of my present drinking habits. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 12. I have started to carry out a plan to cut down or quit drinking. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 13. There is nothing I really need to change about my drinking. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 14. Sometimes I wonder if my drinking is out of control. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 15. I am actively working on my drinking problem. | <input type="checkbox"/> -2 | <input type="checkbox"/> -1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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Reference: Heather N; Gold R; Rollnick S. Readiness to Change Questionnaire: User's Manual. Technical Report 15. Kensington, Australia: National Drug and Alcohol Research Centre, University of New South Wales, 1991.