

Readiness Ruler

FOR OFFICE USE ONLY

_____ Study
 _____ ID
 _____ Point
 _____ Date
 _____ Raid

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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. If you are *not at all* ready to make a change, you would circle the 1. If you are already trying hard to make a change, you would circle the 10. If you are unsure whether you want to make a change, you would circle 3, 4, or 5. If you don't use a type of drug, circle "don't use" in the box at the right.

Circle one answer for each type of drug

Types of Drugs	Not Ready to Change					Unsure					Ready to Change				Trying to Change		or: I don't use this type of drug
	1	2	3	4	5	6	7	8	9	10							
Alcohol	1	2	3	4	5	6	7	8	9	10	Don't Use						
Tobacco	1	2	3	4	5	6	7	8	9	10	Don't Use						
Marijuana/ Cannabis	1	2	3	4	5	6	7	8	9	10	Don't Use						
Tranquilizers	1	2	3	4	5	6	7	8	9	10	Don't Use						
Sedatives/ Downers	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						
Stimulants/ Uppers	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						
Hallucinogens	1	2	3	4	5	6	7	8	9	10	Don't Use						
Opiates	1	2	3	4	5	6	7	8	9	10	Don't Use						
Inhalants	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						
	Not Ready to Change					Unsure					Ready to Change				Trying to Change		
	1	2	3	4	5	6	7	8	9	10							