

TREATMENT READINESS SCALE

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Name:

Date

Please circle to what extent the following items apply to you:

BN

| | | | | | |
|--|------------|--------|-----------|-------|--------|
| 1. I have a permanent place to live. | Not at All | Rarely | Sometimes | Often | Always |
| 2. My basic needs (food, clothing) are met. | Not at All | Rarely | Sometimes | Often | Always |
| 3. I have enough money to pay for basic needs. | Not at All | Rarely | Sometimes | Often | Always |
| 4. I live in a safe environment. | Not at All | Rarely | Sometimes | Often | Always |

SS

| | | | | | |
|---|------------|--------|-----------|--------|------------|
| 1. I have a spouse or partner I confide in. | Not at All | Rarely | Sometimes | Often | Always |
| 2. I have a family I talk to. | Not at All | Rarely | Sometimes | Often | Always |
| 3. I have close friends or coworkers I confide in. | Not at All | Rarely | Sometimes | Often | Always |
| 4. I am involved in community organizations. | Not at All | Rarely | Sometimes | Often | Always |
| 5. I am involved in support groups. | Not at All | Rarely | Sometimes | Often | Always |
| 6. I make friends easily. | Not at All | Rarely | Sometimes | Often | Always |
| 1. I am able to identify my feelings. | Not at All | Rarely | Sometimes | Often | Always |
| 2. I know why I feel the way I do. | Not at All | Rarely | Sometimes | Often | Always |
| 3. I recognize how the past affects my feelings now. | Not at All | Rarely | Sometimes | Often | Always |
| 4. When I grew up, it was safe to express my feelings. | Not at All | Rarely | Sometimes | Often | Always |
| 5. My parents or caretakers overreacted emotionally (angry outbursts, depression, anxiety). | Always | Often | Sometimes | Rarely | Not at All |
| 6. I am able to express my feelings appropriately to the people I trust. | Not at All | Rarely | Sometimes | Often | Always |
| 7. When appropriate, I am able to show my feelings. | Not at All | Rarely | Sometimes | Often | Always |
| 8. I am able to accept and tolerate intense feelings (fear, anger, sadness, hurt) in myself/others. | Not at All | Rarely | Sometimes | Often | Always |

EL

| | | | | | |
|---|--------|-------|-----------|--------|------------|
| 1. If I show feelings, I am afraid that others will not like me. | Always | Often | Sometimes | Rarely | Not at All |
| 2. I alternate feeling love and hate for the same person. | Always | Often | Sometimes | Rarely | Not at All |
| 3. My feelings change rapidly and unexpectedly. | Always | Often | Sometimes | Rarely | Not at All |
| 4. I overreact to people and situations. | Always | Often | Sometimes | Rarely | Not at All |
| 5. I have a short fuse. | Always | Often | Sometimes | Rarely | Not at All |
| 6. I feel empty. | Always | Often | Sometimes | Rarely | Not at All |
| 7. Presently, I get so depressed I feel suicidal. | Always | Often | Sometimes | Rarely | Not at All |
| 8. As I look over my life, I have gotten so depressed that I have felt suicidal. | Always | Often | Sometimes | Rarely | Not at All |
| 9. Presently, I get so angry I feel like hurting others or destroying things. | Always | Often | Sometimes | Rarely | Not at All |
| 10. As I look over my life, I have gotten so angry that I have felt like hurting others or destroying things. | Always | Often | Sometimes | Rarely | Not at All |

| | | | | | |
|--|--------|-------|-----------|--------|------------|
| 11. When I feel bad, I act impulsively in ways that can be harmful to myself (spending, sex, eating, alcohol/drugs, ambling) | Always | Often | Sometimes | Rarely | Not at All |
| 12. When I feel bad, I do things to hurt my body (cutting, burning) | Always | Often | Sometimes | Rarely | Not at All |
| 13. When I feel bad, I hurt others or destroy things. | Always | Often | Sometimes | Rarely | Not at All |

R

| | | | | | |
|---|------------|--------|-----------|--------|------------|
| 1. need to be in control and want things to be done my way. | Always | Often | Sometimes | Rarely | Not at All |
| 2. tolerate changes well. | Not at All | Rarely | Sometimes | Often | Always |
| 3. am flexible. | Not at All | Rarely | Sometimes | Often | Always |

ES

| | | | | | |
|--|------------|--------|-----------|--------|------------|
| 1. like myself. | Not at All | Rarely | Sometimes | Often | Always |
| 2. am confident. | Not at All | Rarely | Sometimes | Often | Always |
| 3. trust myself. | Not at All | Rarely | Sometimes | Often | Always |
| 4. feel people are out to get me. | Always | Often | Sometimes | Rarely | Not at All |
| 5. I hear or see things others may not be hearing or seeing. | Always | Often | Sometimes | Rarely | Not at All |

O

| | | | | | |
|---|------------|--------|-----------|--------|------------|
| 1. I share my innermost thoughts and feelings with others when appropriate. | Not at All | Rarely | Sometimes | Often | Always |
| 2. I get defensive when questioned about my past. | Always | Often | Sometimes | Rarely | Not at All |

D

| | | | | | |
|---|---------|-------|-----------|--------|------------|
| 1. I have lapses in my memory for the present/past. | Always | Often | Sometimes | Rarely | Not at All |
| 2. I have bodily symptoms that physicians cannot explain. | Always | Often | Sometimes | Rarely | Not at All |
| 3. I view the world as strange and unreal. | Always | Often | Sometimes | Rarely | Not at All |
| 4. I feel like I am an observer of my thoughts and body. | Always | Often | Sometimes | Rarely | Not at All |
| I feel like I am in a dream. | Always | Often | Sometimes | Rarely | Not at All |
| .. I hear voices inside my head. | Always | Often | Sometimes | Rarely | Not at All |
| 7. I have feelings that come out of the blue without any way to explain them. | Always | Often | Sometimes | Rarely | Not at All |
| 8. I cope with feelings by going away inside. | ^Always | Often | Sometimes | Rarely | Not at All |
| 9. I cope with feelings by pushing them down. | Always | Often | Sometimes | Rarely | Not at All |

A/D

| | | | | | |
|---|--------|-------|-----------|--------|------------|
| 1. Presently, I use alcohol/drugs to cope. | Always | Often | Sometimes | Rarely | Not at All |
| 2. Alcohol/drugs have negative effects on my life now. | Always | Often | Sometimes | Rarely | Not at All |
| 3. I have used alcohol/drugs to cope in the past. | Always | Often | Sometimes | Rarely | Not at All |
| 4. Alcohol/drugs have caused negative effects on my life in the past. | Always | Often | Sometimes | Rarely | Not at All |

For the following, please circle Yes or No: SMI

If Yes, please explain:

| | | | |
|--|-----|----|--|
| 1. I use medication for depression, anxiety, or hearing voices. | Yes | No | |
| 2. In the past, I have used medication for depression, anxiety, or hearing voices. | Yes | No | |
| 3. I have been in the hospital for emotional/psychiatric reasons. | Yes | No | |
| 4. I have received treatment for alcohol/drug abuse. | Yes | No | |
| 5. I have attempted suicide. | Yes | No | |

M

| | | | |
|----------------------------------|-----|----|--|
| 1. I have heart problems. | Yes | No | |
| 2. I have high blood pressure. | Yes | No | |
| 3. I have eye problems. | Yes | No | |
| 4. I have respiratory problems. | Yes | No | |
| 5. I have neurological problems. | Yes | No | |
| 6. I have a seizure disorder. | Yes | No | |
| 7. I am pregnant. | Yes | No | |
| 8. Other medical condition. | Yes | No | |

L

| | | | |
|--|-----|----|--|
| 1. am or may possibly become involved in legal action. | Yes | No | |
| 2. have been in prison. | Yes | No | |
| 3. have been arrested. | Yes | No | |
| 4. have been in a physical fight in the past year. | Yes | No | |
| 5. have attempted/committed homicide. | Yes | No | |
| 6. often have to fight to defend my rights. | Yes | No | |
| 7. often have to lie to get by. | Yes | No | |

If needed, use this space for continuing explanations of Yes responses above:

Note: ERQ (EMDR Readiness Questionnaire) originally developed 10/94 and revised 10/95, 5/96, 6/97, and 8/97. This questionnaire in conjunction with a thorough intake interview is necessary to assess EMDR readiness.