

Readiness Ruler (CSO)

Using the ruler shown below, indicate *how ready you think your loved one is today* to make a change (quit or cut down) in his or her use of each of the drugs shown. If you believe that your loved one is *not at all* ready to make a change, you would circle the 1. If you believe that your loved one is already trying hard to make a change, you would circle the 10. If you are unsure whether your loved one wants to make a change, you would circle 3, 4, or 5. If as far as you know your loved one doesn't use a particular type of drug, circle "doesn't use" in the box at the right.

FOR OFFICE USE ONLY	
	Study
	ID
	Point
	Date
	Raid
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Circle one answer for each type of drug

Types of Drugs	Not Ready to Change		Unsure			Ready to Change			Trying to Change		or: My loved one does not use this
	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	