

Readiness Ruler (IP)

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.

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: 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	