

Program#: \_\_\_\_\_

Client Name: \_\_\_\_\_

Counsellor: \_\_\_\_\_

Date: \_\_\_\_\_

## **DTCQ-8 for Drugs\***

### **Shortened Version of The Drug-Taking Confidence Questionnaire**

*Listed below are a number of situations or events in which some people experience a drug use problem.*

*Imagine yourself as you are right now in each of these situations. Indicate on the scale provided how confident you are that you will be able to resist the urge to use \_\_\_\_\_ in that situation.*

*Circle 100 if you are 100% confident right now that you could resist the urge to use \_\_\_\_\_; 80 if you are 80% confident; 60 if you are 60% confident. If you are more unconfident than confident, circle 40 to indicate that you are only 40% confident that you could resist the urge to use \_\_\_\_\_; 20 for 20% confident; 0 if you have no confidence at all about that situation.*

**I would be able to resist the urge to use \_\_\_\_\_**

	<b>Not at all Confident</b>					<b>Very Confident</b>
1. If I were angry at the way things had turned out.	0	20	40	60	80	100
2. If I had trouble sleeping.	0	20	40	60	80	100
3. If I remembered something good that had happened.	0	20	40	60	80	100
4. If I wanted to find out whether I could use _____ occasionally without getting hooked.	0	20	40	60	80	100
5. If I unexpectedly found some _____ or happened to see something that reminded me of _____.	0	20	40	60	80	100
6. If other people treated me unfairly or interfered with my plans.	0	20	40	60	80	100
7. If I were out with friends and they kept suggesting we go somewhere and use _____.	0	20	40	60	80	100
8. If I wanted to celebrate with a friend	0	20	40	60	80	100

\*This form is administered separately for the primary problem substance and the secondary problem substance

**Office Use Only: Global Self-Efficacy Score: \_\_\_\_\_ or \_\_\_\_\_ %**