

PARTICIPANT SELF-EVALUATION

# Drug Court Post-test

**Unique Client ID:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Officer/Facilitator:** \_\_\_\_\_

Please circle the number that best represents how much you **AGREE** or **DISAGREE** with each statement. Thank you for participating.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I am willing to consider making positive changes to my irresponsible behavior.	1	2	3	4
2. I know which of my irresponsible behaviors led me to where I am today.	1	2	3	4
3. I have effective strategies in place for dealing with substance use.	1	2	3	4
4. I believe I am in charge of making positive lifestyle changes.	1	2	3	4
5. There are common thinking errors that lead to using drugs or alcohol.	1	2	3	4
6. I can identify my thinking errors and how they lead to my using behavior.	1	2	3	4
7. I know the difference between values that support a responsible lifestyle and values that support an irresponsible one.	1	2	3	4
8. I can see the benefits of building positive values.	1	2	3	4
9. I can see the consequences of having negative values.	1	2	3	4
10. Part of positive life change comes from setting appropriate, meaningful goals.	1	2	3	4
11. I know how to set goals for changing the behaviors that led me into this program.	1	2	3	4
12. I know the warning signs that lead me to irresponsible behavior.	1	2	3	4
13. I have skills to deal with the warning signs that lead me to irresponsible behavior.	1	2	3	4
14. There are areas of my life I want to take more responsibility for.	1	2	3	4
15. I feel confident I can overcome the challenges I will face when I leave this program.	1	2	3	4
16. I have a personal action plan for making positive life changes.	1	2	3	4