

Attachment CC – Adult Urica

**University of Rhode Island Change Assessment Scale - URICA**  
 INSTRUCTIONS: This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of problems related to your drinking (or illegal drug use). The words "here" and "this place" refer to treatment or the program. Please read the following statements carefully. For each statement, circle the number that best describes how much you agree or disagree with each statement. **You must complete one scale for alcohol use and a separate scale for drug use.**

**Key: SD = No Strongly Disagree D = No Disagree U = Undecided or Unsure A = Yes Agree SA = Yes Strongly Agree**

| Problem:  | SD                                    | D                                     | U                                     | A                                     | SA                                    |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. As far as I'm concerned, I don't have any problems that need changing.   | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 2. I think I might be ready for some self-improvement.  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 3. I am doing something about the problems that had been bothering me.  | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 4. It might be worthwhile to work on my problem.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 5. I'm not the problem one. It doesn't make much sense for me to be here.   | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input checked="" type="checkbox"/> 5 |
| 6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.                                 | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 7. I am finally doing some work on my problem.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 8. I've been thinking that I might want to change something about myself.   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.                                 | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 10. At times my problem is difficult, but I'm working on it.  | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.                                    | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 12. I'm hoping this place will help me to better understand myself.   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 13. I guess I have faults, but there's nothing that I really need to change.  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 14. I am really working hard to change.   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 15. I have a problem and I really think I should work at it.  | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem. | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 17. Even though I'm not always successful in changing, I am at least working on my problem.   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.               | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 19. I wish I had more ideas on how to solve the problem.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 20. I have started working on my problems but I would like help.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 21. Maybe this place will be able to help me.   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 22. I may need a boost right now to help me maintain the changes I've already made.   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 23. I may be part of the problem, but I don't really think I am.  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 24. I hope that someone here will have some good advice for me.   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 25. Anyone can talk about changing; I'm actually doing something about it.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 26. All this talk about psychology is boring. Why can't people just forget about their problems?  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 27. I'm here to prevent myself from having a relapse of my problem.   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.                                 | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 29. I have worries but so does the next guy. Why spend time thinking about them?  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input checked="" type="checkbox"/> 5 |
| 30. I am actively working on my problem.  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |
| 31. I would rather cope with my faults than try to change them.   | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5            |
| 32. After all I had done to try to change my problem, every now and again it comes back to haunt me.                                    | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3            | <input type="checkbox"/> 4            | <input type="checkbox"/> 5            |

**FOR OFFICE USE ONLY**

**URICA Scoring Form** Transfer the client's answers from questionnaire. Obtain the average score per subscale using the following grid.

| Precontemplation (PC) |      | Contemplation (C) |      | Action (A)        |      | Maintenance (M)   |      |
|-----------------------|------|-------------------|------|-------------------|------|-------------------|------|
| 1                     |      | 2                 |      | 3                 |      | 6                 |      |
| 5                     |      | 4                 | Omit | 7                 |      | 9                 | Omit |
| 11                    |      | 8                 |      | 10                |      | 16                |      |
| 13                    |      | 12                |      | 14                |      | 18                |      |
| 23                    |      | 15                |      | 17                |      | 22                |      |
| 26                    |      | 19                |      | 20                | Omit | 27                |      |
| 29                    |      | 21                |      | 25                |      | 28                |      |
| 31                    | OMIT | 24                |      | 30                |      | 32                |      |
| TOTAL _____           |      | TOTAL _____       |      | TOTAL _____       |      | TOTAL _____       |      |
| ÷ 7 = _____ (avg)     |      | ÷ 7 = _____ (avg) |      | ÷ 7 = _____ (avg) |      | ÷ 7 = _____ (avg) |      |
| MEAN _____            |      | _____             |      | _____             |      | _____             |      |

To obtain the Readiness to Change score, first sum items from each subscale and divide by 7 to get the mean for each subscale. Then sum the means from the Contemplation, Action, and Maintenance subscales and subtract the Precontemplation mean (C + A + M - PC = Readiness).

Compare the Readiness for change score to the following group means. Choose the stage whose group average is closest to the computed Readiness Score:

| Stage                | Group Average |
|----------------------|---------------|
| Pre contemplation    | 8 or lower    |
| <b>Contemplation</b> | <b>8 - 11</b> |
| Preparation (Action) | 11 - 14       |
| Maintenance          | 14 and above  |

Source: University of Maryland, Health and Addictive Behaviors lab,  
[http://www.umbc.edu/psyc/habits/content/ttm\\_measures/urica/readiness.html](http://www.umbc.edu/psyc/habits/content/ttm_measures/urica/readiness.html)