Behavioral Questionnaire

Instructions: This questionnaire is designed to help you explore and reflect on your behaviors, emotions, and thought patterns that may be contributing to substance use or other addictive behaviors. Answer each question as honestly as possible, and take your time to consider each response. This is a personal self-assessment tool, and there are no right or wrong answers.

Section 1: Daily Habits and Routine

1. How often do you consume substances (e.g., alcohol, drugs) or engage in addictive behaviors (e.g., gambling, excessive internet use)?
[ ] Never
[ ] Rarely (Once a month or less)
[ ] Occasionally (2-4 times a month)
[ ] Frequently (2-4 times a week)
[ ] Daily or almost daily

2. When do you usually engage in these behaviors?
[ ] Morning
[ ] Afternoon
[ ] Evening
[ ] Late at night
[ ] Throughout the day

3. What is your primary motivation for engaging in this behavior? (Select all that apply)
[ ] To relax or unwind
[ ] To cope with stress or anxiety
[ ] To escape from problems or emotions
[ ] To socialize with others
[ ] Out of habit or routine
[ ] For excitement or thrill
[ ] Other: _____

4. Do you find it difficult to go through a day without engaging in this behavior?
[ ] Yes, I find it very difficult
[ ] Sometimes, depending on my mood or situation
[ ] No, I can go without it

Section 2: Emotional Triggers and Responses

5. How do you typically feel before you engage in this behavior? (Select all that apply)
[ ] Stressed
[ ] Anxious
[ ] Bored
[ ] Lonely
[ ] Depressed
[ ] Excited
[ ] Content
[ ] Other: _____

6. How do you feel during or immediately after engaging in this behavior? (Select all that apply)
[ ] Relaxed
[ ] Numb
[ ] Guilty
[ ] Happy
[ ] Ashamed
[ ] Energized
[ ] Regretful
[ ] Other: _____

7. What emotions or situations tend to trigger your behavior? (Select all that apply)[ ] To relax or unwind
[ ] Stress at work or school
[ ] Family conflicts
[ ] Financial worries
[ ] Relationship problems
[ ] Feeling isolated or lonely
[ ] Social pressure
[ ] Celebration or success
[ ] Other: _____

8. When you feel the urge to engage in this behavior, what strategies do you typically use to resist it?
[ ] I usually give in to the urge
[ ] I distract myself with other activities
[ ] I talk to someone for support
[ ] I remind myself of the negative consequences
[ ] I use relaxation techniques (e.g., deep breathing, meditation)
[ ] Other: _____

Section 3: Social and Environmental Factors

9. Who are you usually with when you engage in this behavior?
[ ] Alone
[ ] With friends
[ ] With family members
[ ] With colleagues
[ ] In a social group or gathering
[ ] Other: _____

10. How do your friends and family typically respond to your behavior?
[ ] They support it
[ ] They are concerned but don't say much
[ ] They express concern and ask me to stop
[ ] They don't know about it
[ ] They engage in the behavior with me
[ ] Other: _____

11. Does your environment (home, work, social circles) contribute to your behavior? If so, how?
[ ] Yes, my environment makes it easier to engage in the behavior
[ ] Yes, my environment pressures me into the behavior
[ ] No, my environment does not influence my behavior
□ Other: _____

12.How would your social life change if you stopped engaging in this behavior?
[ ] I would lose some friends or social connections
[ ] My relationships would improve
[ ] I would find new ways to socialize
[ ] It wouldn't change much
□ Other: _____

Section 4: Physical and Psychological Impact

13.Have you experienced any physical health issues that you believe are related to this behavior?
[ ] Yes, I find it very difficult
[ ] Sometimes, depending on my mood or situation
[ ] No, I can go without it

14.How does this behavior affect your mental health?
[ ] It worsens my mental health
[ ] It temporarily improves my mood, but I feel worse afterward
[ ] It has little to no effect on my mental health
[ ] It helps me manage stress and anxiety
[ ] Other: _____

15. Do you notice any changes in your behavior or personality after engaging in this behavior?
[ ] Yes, I become more withdrawn or irritable
[ ] Yes, I become more relaxed or sociable
[ ] No, I don't notice any changes
[ ] Other: _____

16. Have you ever tried to cut down or stop this behavior? If so, what happened?
[ ] Yes, and I was successful
[ ] Yes, but I relapsed or went back to it
[ ] No, I have never tried
□ Other: _____

Section 5: Cognitive Patterns and Beliefs

17. What do you believe about your ability to control this behavior?
[ ] I believe I have complete control over it
[ ] I believe I have some control, but it's difficult
[ ] I believe I have little to no control
[ ] Other: _____

18. Do you believe this behavior is a problem? Why or why not?
[ ] Yes, because it negatively impacts my life in significant ways
[ ] Yes, but I don't see a way to change it
[ ] No, because I can manage it without consequences
[ ] No, because it doesn't interfere with my responsibilities
[ ] Other: _____

19. What thoughts typically go through your mind just before engaging in this behavior?
[ ] I need this to feel better or cope
[ ] I deserve this as a reward
[ ] I know I shouldn't, but I'm going to anyway
[ ] It's just one time, it won't hurt
[ ] I can quit anytime
[ ] Other: _____

20. How do you view the long-term impact of this behavior on your life?
[ ] It will likely lead to negative consequences, but I'm not sure how to stop
[ ] It's a temporary phase that I will eventually overcome
[ ] It's something I will need to manage for the rest of my life
[ ] I'm not concerned about the long-term impact
[ ] Other: _____

Section 6: Motivation and Readiness to Change

21.How motivated are you to change this behavior?
[ ] Not at all motivated
[ ] Slightly motivated
[ ] Moderately motivated
[ ] Very motivated
[ ] Extremely motivated

22.What are your main reasons for wanting to change this behavior? (Select all that apply)
[ ] To improve my health
[ ] To improve my relationships
[ ] To reduce stress and anxiety
[ ] To regain control over my life
[ ] To achieve personal goals
[ ] Other: _____

23.What do you think is the biggest obstacle to changing this behavior?
[ ] Lack of support
[ ] Fear of failure or relapse
[ ] Not knowing where to start
[ ] Emotional dependency on the behavior
[ ] Social pressure or environment
[ ] Other: _____

24.What steps are you willing to take to change this behavior? (Select all that apply)
[ ] Seek professional help (therapy, counseling)
[ ] Join a support group
[ ] Set clear goals and monitor progress
[ ] Replace the behavior with healthier alternatives
[ ] Reach out to friends or family for support
[ ] Other: _____

25.If you decide not to change this behavior, how do you think your life will be affected in the next 5 years?
[ ] My health may decline
[ ] My relationships may suffer
[ ] I may miss out on opportunities or goals
[ ] It will continue to be a part of my life, but I'm okay with that
[ ] Other: _____

Reflection and Next Steps

After completing this questionnaire:

- Reflect: Take some time to reflect on your answers. What patterns or themes do you notice? Are there specific triggers, thoughts, or situations that stand out?
- Identify Areas of Concern: Consider which areas of your life are most affected by this behavior. How has it impacted your physical health, mental well-being, and relationships?
- Set Goals: If you're motivated to make a change, identify one or two small, actionable steps you can take to start addressing this behavior.
- Seek Support: If you find it difficult to change this behavior on your own, consider seeking support from a therapist, counselor, or support group.

Disclaimer: This questionnaire is a self-assessment tool designed to help you explore your behaviors and patterns. It is not a diagnostic tool and should not replace professional advice or treatment. If you are struggling with addiction or related behaviors, please seek help from a qualified professional.

Facilitation Instructions

The Behavioral Questionnaire is a tool designed to assess various behaviors and patterns associated with addiction. It helps clinicians and clients identify problematic behaviors, understand their triggers, and develop strategies to address them.

- ***When to Use:***
  - Use the Behavioral Questionnaire during early sessions to gather detailed information about the client's behaviors related to substance use.
  - It can also be used periodically throughout treatment to monitor behavioral changes and evaluate the effectiveness of interventions.
- ***Preparation:***
  - Review the questionnaire beforehand to familiarize yourself with its content and scoring. Be prepared to explain any terms or concepts that might be unfamiliar to the client.
- ***Administering the Symptom Checker:***
  - Explain to the client that the Behavioral Questionnaire is designed to help both of you gain a clearer understanding of the behaviors that may be contributing to their addiction.
  - Emphasize that the questionnaire is a tool for insight, not judgment, and that honest responses are crucial for tailoring the treatment plan to their needs.
  - Encourage the client to take their time and think carefully about each question. Let them know it's okay to ask questions if they don't understand something.
- ***Completion:***
  - Allow the client ample time to complete the questionnaire. Make sure they don't feel rushed.
  - If the questionnaire is being completed online, ensure the client knows how to submit their responses once they've finished.
- ***Reviewing the Results:***
  - Go over the results together, highlighting any behaviors that appear to be closely linked with their addiction.

- Use the results to explore specific behaviors in detail. For example, if the questionnaire reveals frequent substance use in response to stress, discuss the situations that trigger this behavior and how it impacts their life.
- Help the client see patterns in their behaviors. For instance, identify if certain times of day, social settings, or emotional states are consistently linked with substance use.
- Discuss the underlying factors contributing to these behaviors, such as emotional triggers, social pressures, or environmental cues. Understanding the “why” behind the behavior is key to changing it.
- Encourage the client to reflect on how these behaviors align with or differ from their values and goals. This can help increase their motivation for change.

- ***Next Steps:***
  - Write a narrative summary of the results, highlighting the key areas where the client is experiencing the most significant challenges. This summary should include:
    - The sections where the client scored the highest and what this means in terms of their addiction.
    - Any patterns that suggest particular areas of focus, such as high scores in both “Triggers and Cravings” and “Attempts to Control Use.”
    - Recommendations for how these behaviors should be addressed in the treatment plan.
  - Based on the questionnaire results, collaboratively develop a plan to address the identified behaviors. This might include strategies like avoiding triggers, developing new coping skills, or changing routines.
  - Set specific, measurable, achievable, relevant, and time-bound (SMART) goals related to modifying or eliminating problematic behaviors.

Note any significant behaviors identified and how they have been or will be addressed in the treatment plan.