

Treatment Self-Regulation Questionnaire (TSRQ)

(Concerning The Motivation for Healthy Behaving)

The TSRQ is actually a set of questionnaires concerning why people do or would engage in some healthy behavior, enter treatment for some disease, try to change an unhealthy behavior, follow a treatment regimen, or engage in some other health-relevant behavior. All of the questionnaires have the same purpose, to assess the degree to which one's motivation for a particular behavior or set of behaviors is relatively autonomous or self-determined, but the wording varies somewhat from one version of the questionnaire to another in order to be appropriate for the particular behaviors being investigated. The TSRQ has a slightly different set of responses when applied to why one would engage in a healthy behavior from when it is applied to why one would enter treatment for, say, alcohol abuse or methadone, because the typical reasons people have for those different kinds of behaviors are somewhat different. Still, the various reasons that are used in each questionnaire fall along the relative autonomy continuum and thus are theoretically comparable.

The TSRQ utilizes a general approach to assessing autonomous self-regulation developed by Ryan and Connell (1989). The TSRQ was first used for "behaving in a healthy way" in Williams, Grow, Freedman, Ryan, & Deci (1996), and has also appeared in Williams, Freedman, and Deci (1998), Williams, Rodin, Ryan, Grolnick, and Deci (1998), Williams, Cox, Kouides, and Deci (1999), and several other studies. The TSRQ was first used for "entering treatment" in Ryan, Plant, and O'Malley (1995), and has subsequently been used in Zeldman, Ryan, and Fiscella (1999). The scale has also been adapted by Pelletier, Tuson, and Haddad (1997) for motivation for psychotherapy.

Typically, the responses on the autonomous items are averaged to form the reflection of autonomous motivation for the target behavior and the responses on the controlled items are averaged to form the reflection of controlled motivation for the target behavior. In those studies where amotivation has also been assessed, the amotivated responses are also averaged. these three subscale scores can be used separately, or a Relative Autonomy Index can be formed by subtracting the average for the controlled reasons with the average for the autonomous reasons.

Pelletier, L. G., Tuson, K. M., & Haddad, N. K. (1997). Client Motivation for Therapy Scale: A measure of intrinsic motivation, extrinsic motivation and amotivation for therapy. Journal of Personality Assessment, 68, 414-435.

Ryan, R. M., & Connell, J. P. (1989). Perceived locus of causality and internalization: Examining reasons for acting in two domains. Journal of Personality and Social Psychology, 57, 749-761.

Ryan, R. M., Plant, R. W., & O'Malley, S. (1995). Initial motivations for alcohol treatment: Relations with patient

characteristics, treatment involvement and dropout. Addictive Behaviors, 20, 279-297.

Williams, G. C., Cox, E. M., Kouides, R., & Deci, E. L. (1999). Presenting the facts about smoking to adolescents: The effects of an autonomy supportive style. Archives of Pediatrics and Adolescent Medicine, 153, 959-964.

Williams, G. C., Freedman, Z.R., & Deci, E. L. (1998). Supporting autonomy to motivate glucose control in patients with diabetes. Diabetes Care, 21, 1644-1651.

Williams, G. C., Grow, V. M., Freedman, Z., Ryan, R. M., & Deci, E. L. (1996). Motivational predictors of weight loss and weight-loss maintenance. Journal of Personality and Social Psychology, 70, 115-126.

Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L. (1998). Autonomous Regulation and Long-Term Medication Adherence in Adult Outpatients. Health Psychology, 17, 269-276.

Zeldman, A., Ryan, R. M., & Fiscella, K. (1999). Attitudes, beliefs and motives in addiction recovery. Unpublished manuscript, University of Rochester.

Treatment Self-Regulation Questionnaire (TSRQ)

(Concerning The Motivation for Healthy Behaving)

Items are responses to the stem, "The reason I would_____ is:" The blank is filled in with a healthy behavior such as "exercise regularly" or "not smoke". Further, the specific behavior can be substituted for the "it" in the responses below.

Autonomous Responses

Because I feel that I want to take responsibility for my own health.*

Because I have carefully thought about it and believe it is very important for many aspects of my life.

Because it is consistent with my life goals.*

Because I personally believe it is the best thing for my health.

Because it is an important choice I really want to make.

Because it is very important for being as healthy as possible.

Controlled Responses

Because I would feel guilty or ashamed of myself if I did not.

Because I would feel bad about myself if I did not.

Because I want others to approve of me.*

Because others would be upset with me if I did not.

Because I feel pressure from others to do so.*

Because I want others to see I can do it.

Amotivational Responses

I really don't think about it.

Because it is easier to do what I am told than think about it.

I don't really know why.

* These items were not analyzed in the factor analysis below and were added to balance across subtle differences within both autonomous and controlled reasons and are based on validations of self-regulatory scales by others (e.g., Pelletier et al., 1997).

TSRQ (Smoking)

The following question relates to the reasons why you would either stop smoking or continue not smoking. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. All 15 response are to the same question.

Please indicate the extent to which each reason is true for you, using the following 7-point scale:

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

The reason I would not smoke is:

1. Because I feel that I want to take responsibility for my own health.
2. Because I would feel guilty or ashamed of myself if I smoked.
3. Because I personally believe it is the best thing for my health.
4. Because others would be upset with me if I smoked.
5. I really don't think about it.
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.
7. Because I would feel bad about myself if I smoked.
8. Because it is an important choice I really want to make.
9. Because I feel pressure from others to not smoke.
10. Because it is easier to do what I am told than think about it.
11. Because it is consistent with my life goals.
12. Because I want others to approve of me.
13. Because it is very important for being as healthy as possible.
14. Because I want others to see I can do it.
15. I don't really know why.

TSRQ (Diet)

The following question relates to the reasons why you would either start eating a healthier diet or continue to do so. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. All 15 response are to the same question.

Please indicate the extent to which each reason is true for you, using the following 7-point scale:

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

The reason I would eat a healthy diet is:

1. Because I feel that I want to take responsibility for my own health.
2. Because I would feel guilty or ashamed of myself if I did not eat a healthy diet.
3. Because I personally believe it is the best thing for my health.
4. Because others would be upset with me if I did not.
5. I really don't think about it.
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.
7. Because I would feel bad about myself if I did not eat a healthy diet.
8. Because it is an important choice I really want to make.
9. Because I feel pressure from others to do so.
10. Because it is easier to do what I am told than think about it.
11. Because it is consistent with my life goals.
12. Because I want others to approve of me.
13. Because it is very important for being as healthy as possible.
14. Because I want others to see I can do it.
15. I don't really know why.

TSRQ (alcohol)

The following question relates to the reasons why you would control your use of alcohol. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. All 15 response are to the one question.

Please indicate the extent to which each reason is true for you, using the following 7-point scale:

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

The reason I would use alcohol responsibly is:

1. Because I feel that I want to take responsibility for my own health.
2. Because I would feel guilty or ashamed of myself if I did not *use alcohol responsibly*.
3. Because I personally believe it is the best thing for my health.
4. Because others would be upset with me if I did not.
5. I really don't think about it.
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.
7. Because I would feel bad about myself if I *did use alcohol responsibly*.
8. Because it is an important choice I really want to make.
9. Because I feel pressure from others to do so.
10. Because it is easier to do what I am told than think about it.
11. Because it is consistent with my life goals.
12. Because I want others to approve of me.
13. Because it is very important for being as healthy as possible.
14. Because I want others to see I can do it.
15. I don't really know why.

TSRQ (exercise)

The following question relates to the reasons why you would either start to exercise regularly or continue to do so. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. All 15 response are to the one question.

Please indicate the extent to which each reason is true for you, using the following 7-point scale:

1	2	3	4	5	6	7
Not at all true			Somewhat true			Very true

The reason I would exercise regularly is:

1. Because I feel that I want to take responsibility for my own health.
2. Because I would feel guilty or ashamed of myself if I did not exercise regularly.
3. Because I personally believe it is the best thing for my health.
4. Because others would be upset with me if I did not.
5. I really don't think about it.
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.
7. Because I would feel bad about myself if I did not exercise regularly.
8. Because it is an important choice I really want to make.
9. Because I feel pressure from others to do so.
10. Because it is easier to do what I am told than think about it.
11. Because it is consistent with my life goals.
12. Because I want others to approve of me.
13. Because it is very important for being as healthy as possible.
14. Because I want others to see I can do it.
15. I don't really know why.

Perceived Competence

The Perceived Competence Scale (PCS) includes four items that reflect participants' feelings of competence at carrying out a treatment regimen. Items are worded slightly differently for different target behaviors, and in this study there will be four versions with items reflecting the feelings of being able to change the four target risk behaviors. The alpha reliability for the perceived competence items in a the combined analysis across 4 studies is 0.90. The scale has been used in several studies. Of note, in the study of diabetic patients, perceived competence was facilitated by an autonomy-supportive climate and predicted HbA1c. Because it is theoretically important to differentiate autonomy from competence within self-determination theory, in the proposed research, perceived competence will be assessed and differentiated from the motivational effects of autonomy on behavior change as specified in the self-determination model.

Perceived competence for quitting smoking

Please read each item and circle the number that indicates your level of agreement with that statement, assuming that you were intending to permanently quit smoking now.

1. I feel confident in my ability to quit smoking.
2. I feel capable of quitting smoking now.
3. I am able to quit smoking now.
4. I am able to meet the challenge of quitting smoking.

Perceived competence for maintaining a healthy diet

Please read each item and circle the number that indicates your level of agreement with that statement, assuming that you were intending to permanently improve your diet now.

1. I feel confident in my ability to maintain a healthy diet.
2. I feel capable of quitting maintaining a healthy diet now.
3. I am able to maintain a healthy diet now.
4. I am able to meet the challenge of maintaining a healthy diet.

Perceived competence for exercising regularly

Please read each item and circle the number that indicates your level of agreement with that statement, assuming that you were intending to permanently change your exercise regimen now.

1. I feel confident in my exercise regularly.

2. I feel capable of exercising regularly now.
3. I am able to exercise regularly now.
4. I am able to meet the challenge exercising regularly.

Perceived competence for using alcohol responsibly

Please read each item and circle the number that indicates your level of agreement with that statement, assuming that you were intending to permanently begin using alcohol responsibly now.

1. I feel confident in my ability to use alcohol responsibly.
2. I feel capable of using alcohol responsibly now.
3. I am able to use alcohol responsibly now.
4. I am able to meet the challenge of using alcohol responsibly.

Health Care Climate Questionnaire

The Health-Care Climate Questionnaire (HCCQ) is a 15-item measure that assesses patient perceptions of providers' being autonomy supportive versus controlling. It has been validated in a study in primary-care offices (Williams, Grow et al., 1996), and in weight-loss and adult smoking-cessation studies. Alpha reliability was .96. The HCCQ was also used successfully in the study of diabetic patients. In that study, the questions referred to "your health-care practitioners," thus providing participants' perceptions of their general health-care climate. Items are worded differently for the four different target behaviors. Based on our factor analysis across the 4 studies (n=638), we have selected 6 of the items (alpha=.82) for use across outcomes.

Health Care Climate Questionnaire for Smoking

This questionnaire contains items that are related to your visits with your health-care practitioners in which your smoking was discussed in any way. Health-care practitioners (doctors, nurses, counselors, etc.) have different styles in dealing with patients, and we would like to know very specifically about how you felt about your encounters with the individuals who you have met with and discussed your smoking. Your responses will be kept confidential, so none of your practitioners will know about your responses. Please be honest and candid. Please circle the responses that best represent your feelings. In some cases, you may have met with only your physician; in other cases you may have discussed your smoking with several people. Please answer in terms of the sense you have about all these practitioners together.

1. I feel that my health-care providers have provided me with choices and options about smoking (including not quitting).
2. I feel my health-care practitioners understand how I see things with respect to my smoking.
3. My health-care providers convey confidence in my ability to make changes regarding my smoking
4. My health care practitioner(s) listen(s) to how I would like to do things regarding my smoking.
5. My health-care practitioners encourage me to ask questions [Following, not in version of HCCQ IN GRANT---"about my smoking"].
6. My health-care practitioners try to understand how I see my smoking before suggesting any changes.

Health Care Climate Questionnaire for maintaining a healthy diet

This questionnaire contains items that are related to your visits with your health-care practitioners in which your smoking was discussed in any way. Health-care practitioners (doctors, nurses, counselors, etc.) have different styles in dealing with patients, and we would like to know very specifically about how you felt about your encounters with the individuals who you have met with and discussed your smoking. Your responses will be kept confidential, so none of your practitioners will know about your responses. Please be honest and candid. Please circle the responses that best represent your feelings. In some cases, you may have met with only your physician; in other cases you may have discussed your smoking with several people. Please answer in terms of the sense you have about all these practitioners together.

1. I feel that my health-care providers have provided me with choices and options about changing my diet (including not changing).
2. I feel my health-care practitioners understand how I see things with respect to my diet.
3. My health-care providers convey confidence in my ability to make changes regarding my diet.
4. My health care practitioner(s) listen(s) to how I would like to do things regarding my diet.
5. My health-care practitioners encourage me to ask questions [Following, not in version of HCCQ IN GRANT---"about my diet"].
6. My health-care practitioners try to understand how I see my diet before suggesting any changes.

Health Care Climate Questionnaire for exercising regularly

This questionnaire contains items that are related to your visits with your health-care practitioners in which your smoking was discussed in any way. Health-care practitioners (doctors, nurses, counselors, etc.) have different styles in dealing with patients, and we would like to know very specifically about how you felt about your encounters with the individuals who you have met with and discussed your smoking. Your responses will be kept confidential, so none of your practitioners will know about your responses. Please be honest and candid. Please circle the responses that best represent your feelings. In some cases, you may have met with only your physician; in other cases you may have discussed your smoking with several people. Please answer in terms of the sense you have about all these practitioners together.

1. I feel that my health-care providers have provided me with choices and options about exercising regularly (including not exercising regularly).
2. I feel my health-care practitioners understand how I see things with respect to my exercising regularly.
3. My health-care providers convey confidence in my ability to make changes regarding my exercising regularly
4. My health care practitioner(s) listen(s) to how I would like to do things regarding my exercise.
5. My health-care practitioners encourage me to ask questions [Following, not in version of HCCQ IN GRANT---"about my exercising"].
6. My health-care practitioners try to understand how I see my exercising before suggesting any changes.

Health Care Climate Questionnaire for using alcohol responsibly

This questionnaire contains items that are related to your visits with your health-care practitioners in which your smoking was discussed in any way. Health-care practitioners (doctors, nurses, counselors, etc.) have different styles in dealing with patients, and we would like to know very specifically about how you felt about your encounters with the individuals who you have met with and discussed your smoking. Your responses will be kept confidential, so none of your practitioners will know about your responses. Please be honest and candid. Please circle the responses that best represent your feelings. In some cases, you may have met with only your physician; in other cases you may have discussed your smoking with several people. Please answer in terms of the sense you have about all these practitioners together.

1. I feel that my health-care providers have provided me with choices and options about using alcohol responsibly (including not changing my drinking).
2. I feel my health-care practitioners understand how I see things with respect to my using alcohol responsibly.
3. My health-care providers convey confidence in my ability to make changes regarding my use of alcohol
4. My health care practitioner(s) listen(s) to how I would like to do things regarding my smoking.
4. My health-care practitioners encourage me to ask questions [Following, not in version of HCCQ IN GRANT---"about my smoking"].
5. My health-care practitioners try to understand how I see my use of alcohol before suggesting any changes.

Construct validity. 8 items from the TSRQ (without asterisks), 4 perceived competence items and 6 HCCQ items were combined in a factor analysis with an oblique rotation across 4 (n=638) studies of diet, exercise and smoking. Four factors were identified, with all items loading on their expected factor greater than .63, and no cross-loadings within .24. alpha's ranged from .78 to .90. Thus, these four constructs are suggested be used to represent the self-determination mediators with respect to the various behavior outcomes.

We feel that the self-determination model is particularly relevant to those testing Motivational Interviewing

interventions. We would be pleased to serve to coordinate the data analysis from across the sites who have employed the self-determination measures for the BCC.