

The Self-Regulation Questionnaires

Treatment Self-Regulation Questionnaire (TSRQ)

The TSRQ concerns why people engage in some healthy behavior, enter treatment for a medical condition, try to change an unhealthy behavior, follow a treatment regimen, or engage in some other health-relevant behavior. Each version of the questionnaire assesses the degree to which a person's motivation for the health behaviors is relatively autonomous, so the wording varies somewhat depending on what behaviors are being investigated. Additional versions of the TSRQ can be found in the Health Care, Self-Determination Theory section of the self-determination theory web site. The versions of the TSRQ presented here or as part of the Health-Care SDT packet can be adapted as needed for studying other behaviors.

In most versions of the TSRQ, there are two subscales: Autonomous Regulation and Controlled Regulation. In some cases a subscale for amotivation has also been included, but the Amotivation subscale has been used in very few studies so is not included in the version of the TSRQ presented here. A version that does include Amotivation can be found in the TSRQ that appears in the Health Care, Self-Determination Theory section of this web site.

The TSRQ was first used for "behaving in a healthy way" in Williams, Grow, Freedman, Ryan, and Deci (1996), and has been used for "control my glucose level" in a study of patients with diabetes (Williams, Freedman, & Deci, 1998), as well as for various other behaviors such as "not smoking" (Williams, Cox, Kouides, & Deci, 1999).

There are three versions of the scale presented here. First is the version concerning health behaviors for patients with diabetes. It has two stems and a total of 19 items. Second is the version concerning participation in a very low-calorie, medically supervised weight-loss program by morbidly obese patients. It has four stems and a total of 18 items. Third is a version that was used in the same study of the weight-loss program, but was given several months into the program. It has two stems and a total of 13 items. Whereas the first of the two scales concerning the weight-loss program was given at the beginning of the program to assess motivation for entering the program, the second version was given later to assess motivation for continuing to participate in the program.

General Scoring Information for the TSRQ. Typically, the responses on the autonomous items are averaged to form the autonomous regulation score for the target behavior and the responses on the controlled items are averaged to form the controlled regulation score for the target behavior. These two subscale scores are often used separately, but at times they have been combined into a Relative Autonomy Index (RAI) by subtracting the average for Controlled Regulation from the average for Autonomous Regulation. Following each of the three versions of the scale presented below is a key to which items are on the autonomy subscale and which on the controlled subscale. One will note that there are typically more controlled items than autonomous items. This is because there are many different kinds of controlled reasons for doing a behavior, so to obtain adequate reliability for the controlled subscale, more items are typically needed.

The Scale

Treatment Questionnaire Concerning Diabetes

There are a variety of reasons why patients take their medications, check their glucose, follow their diet, or exercise regularly. Please consider the following behaviors and indicate how true each of these reason is for you. The scale is:

1	2	3	4	5	6	7
not at all			somewhat			very
true			true			true

A. I take my medications for diabetes and/or check my glucose because:

1. Other people would be mad at me if I didn't.
2. I find it a personal challenge to do so.
3. I personally believe that controlling my diabetes will improve my health.
4. I would feel guilty if I didn't do what my doctor said.
5. I want my doctor to think I'm a good patient.
6. I would feel bad about myself if I didn't.
7. It's exciting to try to keep my glucose in a healthy range.
8. I don't want other people to be disappointed in me.

B. The reason I follow my diet and exercise regularly is that:

9. Other people would be upset with me if I didn't.
10. I personally believe that these are important in remaining healthy.
11. I would be ashamed of myself if I didn't.
12. It is easier to do what I'm told than to think about it.

13. I've carefully thought about my diet and exercising and believe it's the right thing to do.
14. I want others to see that I can follow my diet and stay fit.
15. I just do it because my doctor said to.
16. I feel personally that watching my diet and exercising are the best things for me.
17. I'd feel guilty if I didn't watch my diet and exercise.
18. Exercising regularly and following my diet are choices I really want to make.
19. It's a challenge to learn how to live with diabetes.

Scoring this version of the TSRQ

To calculate the two subscale scores, average the items on that subscale. They are:

Autonomous Regulation: 2, 3, 7, 10, 13, 16, 18, 19

Controlled Regulation: 1, 4, 5, 6, 8, 9, 11, 12, 14, 15, 17

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Treatment Questionnaire Concerning Entering the Weight Loss Program

There are a variety of reasons why patients decide to enter a weight-loss program such as this and follow its procedures. The items on this questionnaire are broken into four groups. Please read the statement at the beginning of each group and then consider the reasons that follow it in terms of how true that reason is for you. The scale is:

1	2	3	4	5	6	7
not at all			somewhat			very
true			true			true

A. I decided to enter this weight-loss program because:

1. I won't like myself very much until I lose weight.
2. People will like me better when I'm thin.
3. It feels important to me personally to be thinner.
4. I really want to make some changes in my life.

B. If I remain in treatment it will probably be because:

5. I'll feel like a failure if I don't.
6. People will think I'm a weak person if I don't.
7. I'll feel very bad about myself if I don't.
8. Others will be angry at me if I don't.
9. I feel like it's the best way to help myself.

C. I plan to lose weight because:

10. I'll be ashamed of myself if I don't.

11. I'll hate myself if I can't get my weight under control.
12. My friends/family don't like the way I look.
13. Being overweight makes it hard to do many things.

D. I have agreed to follow the procedures of the program because:

14. I am worried that I will get in trouble with the staff if I don't follow all the guidelines.
15. I'll feel guilty if I don't comply with all the procedures.
16. I want others to see that I am really trying to lose weight.
17. I believe they will help me solve my problem.
18. It's important to me that my efforts succeed.

Scoring this version of the TSRQ

To calculate the two subscale scores, average the items on that subscale. They are:

Autonomous Regulation: 3, 4, 9, 13, 17, 18

Controlled Regulation: 1, 2, 5, 6, 7, 8, 10, 11, 12, 14, 15, 16

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Treatment Questionnaire Concerning Continued Program Participation

The following questions relate to your reasons for continuing to participate in the weight-loss program. Different people have different reasons for continuing in such a program, and we want to know how true each of these reasons is for you. There are two groups of questions. The questions in each group pertain to the sentence that begins that group.

Please indicate how true each reason is for you, using the following scale:

1	2	3	4	5	6	7
not at all			somewhat			very
true			true			true

A. I have remained in treatment because:

1. I would have felt bad about myself if I didn't.
2. Others would have been angry at me if I didn't.
3. I would have felt like a failure if I didn't.
4. I feel like it's the best way to help myself.
5. People would think I'm a weak person if I didn't.
6. I have chosen not to leave the program.
7. It is a challenge to accomplish my goal.
8. I have invested so much money in this program.

B. I have been following the procedures of the program because:

9. I believe they help me solve my problem.
10. I have been worried that I would get in trouble with the staff if I didn't follow all the guidelines.
11. I want others to see that I am really trying to lose weight.
12. It is important to me that my efforts succeed.
13. I feel guilty if I don't comply with all the procedures.

Scoring this version of the TSRQ

To calculate the two subscale scores, average the items on that subscale. They are:

Autonomous Regulation: 4, 6, 7, 9, 12

Controlled Regulation: 1, 2, 3, 5, 8, 10, 11, 13

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Related Scales

Treatment Motivation Questionnaire

Ryan, Plant, and O'Malley (1995) were the first to use the SDT approach to study motivation for "entering treatment." In their study of alcoholics, some participants had been mandated by the courts to attend the treatment program. Thus, there was an important set of reasons for participating that is not present in most settings where people are trying to behave in healthier ways or participating in health-related treatment. The scale they developed was referred to as the Treatment Motivation Questionnaire (TMQ), and the Treatment Self-Regulation Questionnaire (TSRQ) was subsequently derived from it. The original TMQ was also used in one other study, namely a study of people attending a methadone clinic (Zeldman, Ryan, & Fiscella, 1999).

The TMQ has two motivation factors: (a) internal--which includes both introjected and identified items; and (b) external--which is merely external items. The reason for this different alignment is clearly that the external reasons were so much imposed from the outside--were so coercive--that the two types of internal motivation were more similar than introjection was to identification; whereas in the more typical settings in which the TSRQ is used, the introjection items are closer in psychological meaning to external regulation than they are to identification. Theoretically, this is not surprising because external regulation is on one side of introjected regulation on the self-determination continuum while identified regulation is on the other side. Furthermore, the TMQ has two other subscales, formed factor analytically: a Help Seeking subscale and a Confidence in Treatment subscale.

The TMQ Scale

This questionnaire concerns people's reasons for entering treatment and their feelings about treatment. Participation is voluntary, so you do not have to fill it out if you don't want to. Different people have different reasons for entering treatment, and we want to know how true each of these reasons is for you. Please indicate how true each reason is for you, using the following scale:

1	2	3	4	5	6	7
not at all			somewhat			very
true			true			true

A. I came for treatment at the clinic because:

1. I really want to make some changes in my life.
2. I won't feel good about myself if I don't get some help.
3. I was referred by the legal system.
4. I feel so guilty about my problem that I have to do something about it.
5. It is important to me personally to solve my problems.

B. If I remain in treatment it will probably be because:

6. I'll get in trouble if I don't.
7. I'll feel very bad about myself if I don't.
8. I'll feel like a failure if I don't.
9. I feel like it's the best way to help myself.
10. I don't really feel like I have a choice about staying in treatment.
11. I feel it is in my best interests to complete treatment.

C. Rate each of the following in terms of how true each statement is for you.

12. I came to treatment now because I was under pressure to come.
13. I am not sure this program will work for me.

14. I am confident this program will work for me.
15. I decided to come to treatment because I was interested in getting help.
16. I'm not convinced that this program will help me stop drinking.
17. I want to openly relate with others in the program.
18. I want to share some of my concerns and feelings with others.
19. It will be important for me to work closely with others in solving my problem.
20. I am responsible for this choice of treatment.
21. I doubt that this program will solve my problems.
22. I look forward to relating to others who have similar problems.
23. I chose this treatment because I think it is an opportunity for change.
24. I am not very confident that I will get results from treatment this time.
25. It will be a relief for me to share my concerns with other program participants.
26. I accept the fact that I need some help and support from others to beat my problem.

Scoring the TMQ. Calculate the four subscale scores by averaging the responses for item in that subscale. The external reasons and internalized reasons are the subscales that relate most directly to self-determination theory.

External Reasons: 3, 6, 10, 12

Internalized Reasons: 1, 2, 4, 5, 7, 8, 9, 11, 15, 20, 23

Help Seeking: 17, 18, 19, 22, 25, 26

Confidence: 13(R), 14, 16(R), 21(R), 24(R) **Note:** An (R) after items in the Confidence subscale means that the item should be reverse scored before averaging it with other items in the subscale. To do that, subtract the person's response from 8. Thus, for example, a 3 becomes a 5. This way, a higher score means more confidence in treatment.

References concerning the TMQ

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.

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

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The Motivation for Therapy Scale

The TSRQ has been adapted by Pelletier, Tuson, and Haddad (1997) for motivation for psychotherapy. Contact Luc G. Pelletier, University of Ottawa (e-mail: social@uottawa.ca) for further information about it.

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.