Smoking Cessation Self-Regulation

**Instrument:** Treatment Self-Regulation Questionnaire (TSRQ) based on Self-Determination Theory (SDT)

**Scale/Subscale Name:** Smoking Cessation Self-Regulation

**Source:** Treatment Self-Regulation Questionnaire (TSRQ) based on Self-Determination Theory (SDT)

**Developers:** Geoffrey C. Williams, Richard M. Ryan, and Edward L. Deci at the University of Rochester

**Year:** 1996

**Target Audience(s):** Adolescents & Adults

**Language other than English available:** No

**Type:** Attitudes

**Data collected:** Quantitative

**Data collection format:** Self-report – Pre/post

**Reading Level:** Flesch-Kincaid 6.5

**Existence of test/technical manuals, user guides, supplemental materials:** Developers at the University of Rochester provide supporting materials on their website at [http://www.selfdeterminationtheory.org](http://www.selfdeterminationtheory.org)

**Level of training necessary for administration/scoring/interpretation:** None

**Widespread Use/Professional Endorsements:** Developed and endorsed by faculty at the University of Rochester. The scale is based on a well established theory of motivation.

**Cost of Use:** No costs associated with use of this instrument.

**Description:**
- This 15-item scale asks about the reasons why people would either stop smoking or continue not smoking.
- It assesses the degree to which a person’s motivation for not smoking is autonomous or self-determined.
- Autonomous motivation is important because it has consistently been associated with maintained behavior change and positive health-care outcomes.
The scale is made up of three subscales: autonomous motivation, externally controlled motivation, and amotivation (i.e., lack of motivation).

The three subscale scores can be used separately or a Relative Autonomous Motivation score can be calculated.

**Psychometrics:**
Information on reliability and validity are provided below. If information on a particular psychometric was not found, it is indicated as “no information provided.” It should be noted that this is not necessarily an indication of a lack of reliability or validity within a particular scale/instrument, but rather a lack of rigorous testing, for various reasons, by the developers or other researchers.

**Reliability:** A correlation of at least .80 is suggested for at least one type of reliability as evidence; however, standards range from .5 to .9 depending on the intended use and context for the instrument

- **Test-Retest:** No information provided
- **Internal Consistency:** Coefficient alpha for subscales ranging from .70 to .98
- **Inter-rater reliability:** No information provided

**Validity:** The extent to which a measure captures what it is intended to measure.

- **Content/Face Validity:** Developed using an empirically-based process; has been widely used in academic research and substance abuse treatment programs.
- **Criterion Validity:** No information provided
- **Construct Validity:** Studies involving individuals enrolled in treatment or support programs have found the expected pattern of correlation between participants’ scores and clinicians’ ratings of participant motivation. Scores also correlate with a variety of relevant psychological indices.
**Construct: Commitment to Not Use Drugs**

**Scale Name:** Smoking Cessation Self-Regulation

**Developers:** Geoffrey C. Williams, Richard M. Ryan, and Edward L. Deci at the University of Rochester

**Instructions:**

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 responses are to the same question.

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

**Rating Scale:**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all true</td>
<td>somewhat true</td>
<td>very true</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Items:**

**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.

**Scoring and Analysis:**

This scale assesses the degree to which a person’s motivation for not smoking is autonomous or self-determined. Autonomous motivation is important because it has consistently been associated with maintained behavior change and positive health-care outcomes.

The scale has 15 items: 6 that assess autonomous motivation, 6 that assess externally controlled motivation, and 3 that assess amotivation (i.e., lack of motivation). The autonomous motivation subscale consists of items # 1, 3, 6, 8, 11, & 13; the externally controlled motivation subscale consists of items # 2, 4, 7, 9, 12, & 14; and the amotivation subscale consists of items # 5, 10, & 15. Typically, responses to items in each of the three subscales are averaged to create separate scores for autonomous motivation, controlled motivation, and amotivated. These three subscale scores can be used separately. However, a Relative Autonomous Motivation Index can be formed by subtracting the average for the externally controlled reasons from the average for the autonomous reasons.