

## Substance Use Information Worksheet

1. The time periods when you use alcohol/drugs: \_\_\_\_\_
2. The places where you use and/or buy alcohol/drugs: \_\_\_\_\_
3. The people with whom you use alcohol/drugs: \_\_\_\_\_
4. What do you think about alcohol or drug use?

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5. What are the effects when you use alcohol/drugs?

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6. Write down something you could do to reduce your use of alcohol/drugs. What might be your goal?

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7. Who could help support you in the goal above?

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8. What is your level of commitment to this goal?

1      2      3      4      5      6      7      8      9      10  
Low commitment                      Half committed                      VERY committed

9. Homework! What is a goal you can work on this week?

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10. What is your level of commitment to this goal this week?

1      2      3      4      5      6      7      8      9      10  
Low commitment                      VERY committed