

Name:

Date:

Drug Addiction

How will your life change if you choose to either continue or quit using drugs and alcohol?

My career, school, or professional life will be affected.....

If I continue using:

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If I quit using:

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My relationships with my family and other loved ones will be affected...

If I continue using:

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If I quit using:

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My relationships with friends will be affected...

If I continue using:

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If I quit using:

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