

## Substance Use Modification Plan

As you complete this and your substance use plan, your modification of the plan may be "1" to "10". Be sure that your modification of the modification level does not exceed "10" indicating that you are completely ready and ready to start.

1	2	3	4	5	6	7	8	9	10
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Write your modification where it is "1" to "10" and where it is "1" to "10" and where it is "1" to "10". There must be a reason you did it or "1" to "10" of your modification.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_