

SUBSTANCE USER'S RECOVERY CHECKLIST AND WORKSHEET

Name: _____ DOB: _____

*Please answer each question with an "X" in the column to the right that best fits.
If a question does not pertain to you, place "N/A" in the column headed "NEVER"*

I MANAGE/ELIMINATE SUBSTANCE USE <i>(If you continue to use substances [drugs/alcohol] start here)</i>	NEVER	1	2	3	4	5	ALWAYS
--	--------------	----------	----------	----------	----------	----------	---------------

