

Substance Use Consequences Recall Worksheet

Client's Name _____ Date _____

Negative Consequences of Substance Use:

List as many as you can that are important to you.

1. _____
2. _____
3. _____
4. _____
5. _____

Positive Consequences of Substance Use:

List as many as you can that are important to you.

1. _____
2. _____
3. _____
4. _____
5. _____

Positive Consequences of Not Using a Substance:

List as many as you can that are important to you.

1. _____
2. _____
3. _____
4. _____
5. _____