

Name:

Date:

# ADDICTION RECOVERY

Answer each question.

Why are you here?

What have you lost as a result of your behaviors? (Explain)

How have your behaviors affected those around you (family, friends, and co-workers)?

Have you ever found yourself "quitting" only to find yourself using again? Have you repeated the cycle over and over again? List the times in your life when you have repeated this cycle.

Are you ready to admit that your life has become unmanageable? Are you ready to change? Why or why not?