

Name: _____ Date: _____

Feedback about Goal Setting and Commitment to Change

Thank you for attending this appointment to talk about some of the things that have been going on in your life. The purpose of this treatment process is to work with you to come up with helpful solutions that fit your personal goals and priorities.

You are asked to complete this form because some people find that written feedback and information can help them make decisions about behaviour change, look at different treatment options or just reflect on how substance use issues affect their lives.

SETTING GOALS FOR CHANGE

1. What is your goal for the substance you most often use?

Substance: _____

Not using at all Cutting down Continuing to use Undecided

2. What is your goal for the substance you use the next most often?

Substance: _____

Not using at all Cutting down Continuing to use Undecided

3. What is your goal for any other substance(s) you use sometimes?

Substance(s): _____

Not using at all Cutting down Continuing to use Undecided

A Note about Risk

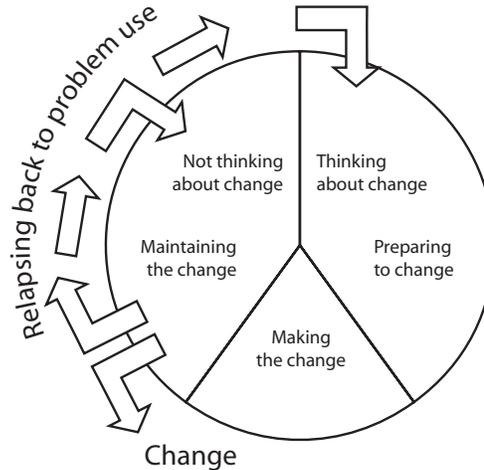
How or whether you use substances is your own personal decision. However, if you continue to use alcohol or other drugs, you will expose yourself to increased risks, especially if you:

- are pregnant
- have mental health issues
- use prescription drugs (medication)
- have diabetes
- have a seizure disorder
- have an active peptic ulcer or gastritis
- have active hepatitis
- are under a legal order to abstain
- have advanced coronary heart disease
- have cancer
- have cirrhosis of the liver
- are at risk of negative social consequences (such as fighting with a partner).

TO CHANGE OR NOT TO CHANGE?

What would you like to change in your life?

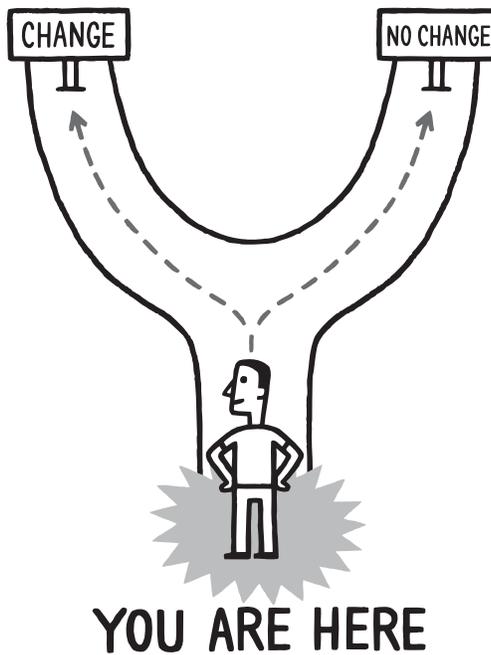
Change can be hard—even making a decision to change may take a long time for some people. Change is also a process. It generally doesn't happen all at once, but in stages.



Where are you in the change process?

The questions on the next page may help you to get a better picture of:

- how important changing is to you
- how confident you feel
- how ready are you to quit or cut down your use of substances.

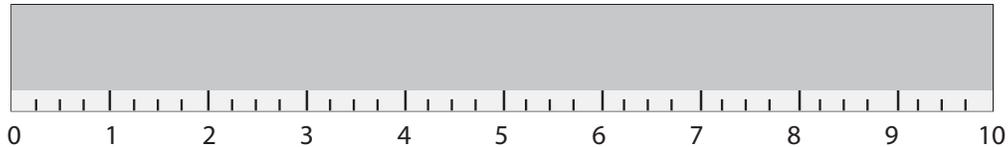


THE READINESS RULER

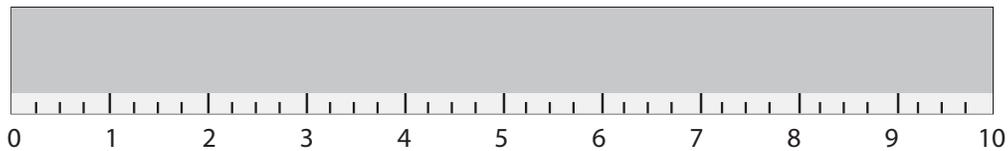
People usually have several things they would like to change in their lives. Your substance use may be only one of the things you hope to change. Your **motivation** to change your substance use can vary, depending on other things that are happening.

On each of the rulers below, circle the number (from 0 to 10) that best fits with how you are feeling right now.

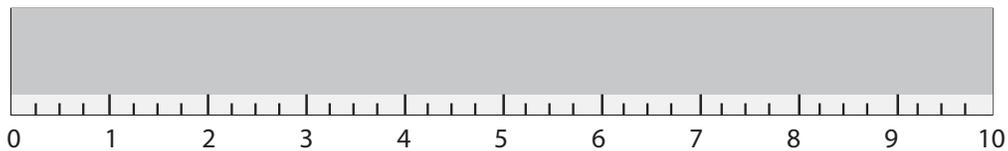
1. How **important** is it to you to reduce or quit using alcohol or other drugs?



2. How **confident** are you that you will not use alcohol or other drugs?



3. How **realistic** is it that you will stay away from alcohol and other drugs in the long term?



SOME QUESTIONS TO THINK ABOUT

- Why are you at your current score and not at zero?
- What would it take for you to move to a higher score?
- What has made this change important to you so far—why are you not at zero?)
- What would it take to make this change even more important to you?
- What support would you need to make a change, if you chose to do so?

This exercise can also be used to explore readiness to change other behaviours, such as taking prescribed medication, looking for a job or finding stable housing. Feel free to discuss any of the information on this form with me.

Signature of Clinician

Name and Credentials (print)

Contact Information