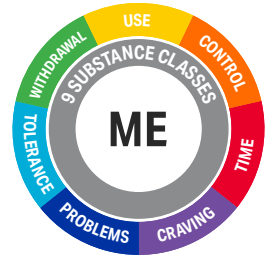




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Activity 3: Assess My Substance Use

Visit R1LEARNING.COM to download printable Activity Worksheets.

Observe: Complete the table below with the cards you identified from the card activity.

Substance Identification – My substances of choice				
Substance Classes	Substances Used (Check box)	Substance Use History (List specific substances)	Current Use (List specific substances)	Pattern of Current Use (Quantity & frequency)
1	Alcohol	<input type="checkbox"/>		
2	Caffeine	<input type="checkbox"/>		
3	Cannabis	<input type="checkbox"/>		
4	Hallucinogens	<input type="checkbox"/>		
5	Inhalants	<input type="checkbox"/>		
6	Opioids	<input type="checkbox"/>		
7	Sedatives	<input type="checkbox"/>		
8	Stimulants	<input type="checkbox"/>		
9	Tobacco	<input type="checkbox"/>		

Substance Use Assessment – My substance use symptoms (criteria I meet)				
Substance Use Symptoms (Criteria) (Use Sorting Cards or Definition Cards)	Number of Selected Cards	Symptoms Met (Check if any cards selected)	Impact (High, Medium, Low)	
01	Use – Quantity, frequency, and duration		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
02	Control – Desire to cut down or stop use		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
03	Time – Obtaining, using, or recovering from use		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
04	Craving – Desire or urge to use		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
05	Problems – Major Role Obligations		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
06	Problems – Social		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
07	Problems – Important Activities		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
08	Problems – Physically Hazardous		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
09	Problems – Physical or Psychological		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
10	Tolerance – Changes in patterns to reach desired effect		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
11	Withdrawal – Symptoms from decreased use		<input type="checkbox"/>	H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
		TOTAL		

*Mild: Presence of 2 or 3 symptoms.
Moderate: Presence of 4 or 5 symptoms
Severe: Presence of 6 or more symptoms*

Questions to Explore

Evaluate:

1. What would be the benefit of changing your substance use behavior?

Respond:

2. What is one action you can take to address your substance use?