

Substance Use Self-Assessment Worksheet

Purpose:

This worksheet is designed to help you assess your substance use patterns, identify any potential signs of dependency, and understand the impact substances may be having on your life. By working through these questions, you can gain insight into your relationship with substances and take steps toward making positive changes.

Section 1: Tracking Your Substance Use

1.1 Frequency of Use:

How often do you use substances (e.g., alcohol, drugs)?

- Daily
- Weekly
- Monthly
- Occasionally
- Not at all

1.2 Quantity of Use:

How much do you typically use when you do consume substances?

- Small amount
- Moderate amount
- Large amount
- Excessive amount

1.3 Type of Substances Used:

Please list all substances you currently use:

- Alcohol
- Cannabis
- Prescription medications
- Cocaine
- Opioids
- Other (please specify): _____

Section 2: Identifying Triggers

2.1 Emotional Triggers:

What emotions often lead to substance use? (e.g., stress, sadness, boredom)

- Stress
- Anxiety
- Loneliness
- Anger

- Boredom
- Other (please specify): _____

2.2 Situational Triggers:

What situations or events tend to lead to substance use?

- Social events
- Parties/gatherings
- Family conflict
- Work-related stress
- Health problems
- Other (please specify): _____

2.3 People:

Are there certain people who influence your decision to use substances?

- Yes (please describe): _____
- No

Section 3: Assessing the Impact on Your Life

3.1 Physical Health:

Has substance use impacted your physical health?

- Yes (please describe): _____
- No

3.2 Mental Health:

Has substance use affected your mental health or emotional well-being?

- Yes (please describe): _____
- No

3.3 Relationships:

Has substance use affected your relationships with family, friends, or colleagues?

- Yes (please describe): _____
- No

3.4 Work/School Performance:

Has your substance use impacted your work or school performance?

- Yes (please describe): _____
- No

3.5 Legal or Financial Issues:

Have you experienced legal, financial, or other external consequences related to substance use?

- Yes (please describe): _____
- No

Section 4: Self-Reflection

4.1 Why do you use substances?

Take a moment to reflect and write down the reasons you turn to substances (e.g., for relaxation, to cope with stress, for social reasons, etc.).

4.2 Have you tried to cut down or quit?

- Yes
- No

If yes, what strategies have you tried, and were they successful?

4.3 How do you feel about your substance use?

On a scale of 1-10, how concerned are you about your substance use? (1 = Not concerned, 10 = Very concerned)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Section 5: Next Steps & Support

5.1 Desired Changes:

What changes would you like to make in your substance use habits?

- Cut down
- Quit completely
- Seek professional support
- Change social environments
- Other (please specify): _____

5.2 Support System:

Do you have a support system in place?

- Yes (please describe): _____
- No

Would you like to seek additional support (e.g., counseling, therapy, support groups)?

- Yes
- No

5.3 Setting Goals:

Set one short-term goal for yourself related to your substance use.

Conclusion:

Thank you for completing this worksheet. Use the insights you've gained to consider the next steps in managing your substance use. You may wish to speak with a healthcare professional for further guidance, or reach out to a support network.

Notes:

This worksheet is intended as a self-reflection tool. If you are struggling with substance use or dependency, please reach out to a healthcare provider or a counselor who can help guide you through this process.