

Road Map to change

My provider has recommended that no alcohol or other drug use is the safest choice for me at this time of my life. This roadmap will help me reflect on my alcohol or other drug use and the things that are important to me, and consider making a plan to quit or cut back.



My screening score:

What does my score mean?

SCORE = 0
Low risk for future alcohol or other drug use problems

SCORE = 1
Moderate risk for future alcohol or other drug use problems

SCORE = 2+
High risk for future alcohol or other drug use problems

2 Reflection

The substance I use most:


Who I use with:

When I use:

Why I use:



Good things about what I use:

 Not so good things...

Sometimes when I use I:



Top 3 most important things to me right now:

- 1.
- 2.
- 3.



How is substance use affecting these most important things?



5

People who will support me:

6

On a scale from 0 to 10 (circle)...

How important is it for me to stop or decrease my _____ use?

NOT AT ALL												EXTREMELY
	0	1	2	3	4	5	6	7	8	9	10	

Why I chose this number and not a lower number:

How confident am I that I can make this change?

NOT AT ALL												EXTREMELY
	0	1	2	3	4	5	6	7	8	9	10	

What would help me feel more confident?

7

My plan to stop or decrease my use is:



8

Things that will be difficult when making this change:

My ideas for dealing with things that will be difficult:

Follow up

Information or support that could help me make this change:

People I can contact for information and support:

My healthcare provider:

Name: _____ Phone number: _____

Other people in my life that I trust:

Crisis Resources

- If it is an emergency, I know that I can call **911**.
- If I am worried about myself, a friend, or a family member in crisis, I know that I can call the **Colorado Crisis Line** at 1-844-493-8255 or Text "TALK" to 38255 or visit coloradocrisiservices.org.