

Decisional Balance Worksheet - DRUGS

Client Name: _____ Date Completed: _____

(A) Good things about quitting Drugs

1. _____
2. _____
3. _____
4. _____
5. _____

(B) Concerns about quitting Drugs

1. _____
2. _____
3. _____
4. _____
5. _____

(C) Good things about continuing to use Drugs

1. _____
2. _____
3. _____
4. _____
5. _____

(D) Concerns about continuing to use Drugs

1. _____
2. _____
3. _____
4. _____
5. _____