

Self-assessment

Consider your Health

What substance(s) have you used or abused?

What effects did the substance have on you?

What health problems has your substance use caused?

Check any or all effects you have experienced:

- | | |
|--|--|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Blackout/memory loss | <input type="checkbox"/> Over eating |
| <input type="checkbox"/> Coughing, wheezing or other lung problems | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Confusion — disorganized thinking | <input type="checkbox"/> Poor balance |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Poor judgment — did something I regretted later |
| <input type="checkbox"/> Forgetting to eat/losing weight | <input type="checkbox"/> Poor co-ordination |
| <input type="checkbox"/> Hangover | <input type="checkbox"/> Poor memory for new information |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Vomiting |

Other effects:

Which health problems worry you?

What do you want to prevent by stopping your use of alcohol and drugs?
