

Introductions

Name: _____

Date: _____

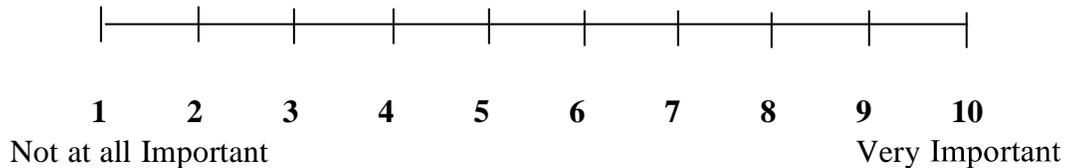
Please answer the following questions so that your fellow group members can learn more about you and your substance abuse patterns.

1. Describe your typical week:

2. Who do you typically spend most of your time with and who are the important people in your life? Include their preferences regarding substance use.

3. How does substance use fit into your life? What are the reasons you have used substances?

How important is completing this group to you?



How confident are you in your ability to successfully complete this group?

