

Living Your Values

Name: _____

Date: _____

List your top 4 life values in the boxes below and describe how substance abuse helps and hurts you in each area.

Important Value in My Life:

How Does Substance Abuse:

Help: _____ _____
Hurt: _____ _____

Help: _____ _____
Hurt: _____ _____

Help: _____ _____
Hurt: _____ _____

Help: _____ _____
Hurt: _____ _____