

Name: _____ Date: _____

Decision to Change

In making a decision to change, it can be helpful to think about the *good things* and *less good things* about changing. Check the **TOP 2 or 3** things that apply to **YOU**.

The behavior(s) I am thinking of changing is:(are): _____

Good things about not changing	Less good things about not changing
<input type="checkbox"/> I don't have to deal with my problems <input type="checkbox"/> I have something to do when I am bored <input type="checkbox"/> I fit in with my friends <input type="checkbox"/> I have more fun at parties <input type="checkbox"/> It helps me calm down and relax <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> I feel guilty or ashamed <input type="checkbox"/> I don't like the way I look and feel after use <input type="checkbox"/> It is a source of conflict between me and my family <input type="checkbox"/> It is a source of conflict between me and my friends <input type="checkbox"/> I will have money problems <input type="checkbox"/> I will continue to feel anxious and depressed <input type="checkbox"/> I will harm my health <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____

Less good things about changing	Good things about changing
<input type="checkbox"/> I will feel more depressed and/or anxious <input type="checkbox"/> I won't have anything to do when I'm bored <input type="checkbox"/> I won't have any way to relax <input type="checkbox"/> I will have to change my social life <input type="checkbox"/> I won't fit in with some friends <input type="checkbox"/> It don't know if I can make change stick <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> I will feel more in control of my life <input type="checkbox"/> I will gain more self-esteem <input type="checkbox"/> It will improve my relationship with my family <input type="checkbox"/> I will have more money <input type="checkbox"/> I will have fewer problems at work and/or school <input type="checkbox"/> It will make it easier to achieve life goals <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____ <hr/> <input type="checkbox"/> Other _____ _____