
Change Plan Worksheet

Current Use:

Substance	None	One to Two Times	Weekly	Monthly
Alcohol				
Marijuana				
Tobacco				
Prescription				
Other				

Proposed Changes:

Plan	Detailed plan:
<i>My doctor recommends that I stop using, but for now I will:</i>	
<i>I will follow up with my doctor:</i>	In 1 week / 1 month / 2 months / other (specify):
<i>I know my plan is working when:</i>	
<i>Some things that could interfere with my plan are:</i>	

For additional resources or information:

- Substance Use Disorders visit SAMHSA (Substance Abuse and Mental Health Services Administration) at www.samhsa.gov/disorders/substance-use
 - or call SAMSHA at 1-800-487-4889
- Illinois Helpline for Opioids and Other Substances at <https://helplineil.org/app/home>
 - or call Illinois helpline at 833-2FINDHELP