

Need for change Questionnaire

Please indicate honestly which of the statements below best describes your attitude toward or feeling about making this change in your life at this time

I don't need to. Nothing is wrong. _____

Maybe I need to but I am uncertain. _____

I need to and am considering how to. _____

I have started making some changes. _____

I am keeping the changes I have made going. _____

If you have any comments or wish to elaborate on what you answered above please write it below.

No Change\Continuing to _____

Benefits

What is good about it? How does it help?

Costs

What is bad? How does it hinder me?

Now go back over the items on each side and indicate with a * or other symbol those which are especially important to you.

Change\Modifying or Stopping _____

Costs

What would be hard? What would be the disadvantages or downside?

Benefits

What do I stand to gain. What would be the advantages or upside?

Now go back over the items on each side and indicate with a * or other symbol those which are especially important to you.

What is my emergency plan to deal with a lapse\setback?

(list everything you can think of in 4 categories; things I can do on my own, people I can contact without revealing my issues, people I can reach out to, professional contact)

- **Things I can do alone:**
- **People I can make contact with and what we can talk about\do**
- **People I can reach out to and what I can reveal to them\ask of them**
- **Professionals or professional responders I can contact**