

SELF-EVALUATION SHEET

FIRST: Which four drugs, from the list on Page 1 of the booklet, are the ones you use the most, or are most concerned about? Write up to four types of drugs on the lines next to the arrow below.

FOR OFFICE USE ONLY

_____ Study

_____ ID

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THEN: Read each of the 14 paragraphs in the booklet. For each one, consider which of the five statements below is most true for you now, and write the number of that statement in the box under that drug. Your answers can be different for different drugs.

	Drug #1	Drug #2	Drug #3	Drug #4
TYPES OF DRUGS !				
A. AMOUNT				
B. BEHAVIOR				
C. COPING				
D. DEPENDENCE				
E. EMOTIONAL				
F. FAMILY				
G. GOOD ABOUT SELF				
H. HEALTH				
I. IMPORTANT RELATIONSHIPS				
J. JOB / SCHOOL				
K. KEY OTHERS				
L. LOVE AND SEXUALITY				
M. MENTAL				
N. NEED				
O. OVERALL				