MARC D. RICHTER, LICSW, LADC

Decisional Balance Worksheet - _____ (Write-in in your drug of choice)

Client Name: _____ Date Completed: _____

(A) Good things about quitting _____ (Write-in in your drug of choice)

1. _____
2. _____
3. _____
4. _____
5. _____

(B) Concerns about quitting _____ (Write-in in your drug of choice)

1. _____
2. _____
3. _____
4. _____
5. _____

(C) Good things about continuing to use _____ (Write-in in your drug of choice)

1. _____
2. _____
3. _____
4. _____
5. _____

(D) Concerns about continuing to use _____ (Write-in in your drug of choice)

1. _____
2. _____
3. _____
4. _____
5. _____

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