

WPCS Youth Program Check in Sheet

Date: _____

Curriculum: _____

Did I take a UA? **Yes** **No**

Check In:

My Name: _____ My drug(s) of choice: _____ My clean date (the last time I used any substances): _____

Craving Score

Overall, in the past 24 hours MY CRAVING SCORE was

0 1 2 3 4 5 6 7 8 9 10

No Desire to Use

Stress, anxiety, negative feelings

Thoughts of using, but I can cope

Urgent thoughts of using. Staying in control is a real struggle

I'm suffering and on the verge of saying the Hell with it

It is inevitable that I am going to use

My current risk scales (1=low....10=high): Suicide: _____ Self-harm: _____ Homicide: _____
** If your risk is **above 4**, please see me after group to talk.

What motivated me to come to group? _____ Right now I am feeling: _____

A skill I've learned in treatment that I've used recently to help my recovery is: _____

A sober support activity (AA, sports, youth group, etc.) I have attended in the past week: _____

Remember to turn in your sober activity attendance forms each week.

Feedback

Something I learned about myself: _____

What I liked about group: _____ What I would have changed about group: _____

Check Out:

Right now I am feeling: _____ What I will commit to doing between now and my next session to help my recovery (besides staying clean and attending group): _____

HALT: On a scale from 0 to 10 where "0" mean None and 10 mean extremely, please rate the following:

- How **H**ungry are you: _____
- How **A**ngry are you: _____
- How **L**onely are you: _____
- How **T**ired are you: _____

Comments and questions: