Form for identifying reasons to cut down on or stop alcohol use

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to make a complete list of your reasons for wanting to cut down on or stop alcohol use.

Health reasons

I want to cut down on or stop drinking alcohol for the following health reasons. Reducing or stopping alcohol use will help me:

- ☐ Improve my general health (sleeping habits, eating habits). Explain what area of health is being (or has been) affected by alcohol.
- ☐ Prevent health problems related to alcohol use, such as liver, stomach, and nervous system problems. If signs of health problems related to alcohol are present, what are those signs?
- ☐ Prevent problems during pregnancy and prevent effects of alcohol in the baby.
- ☐ Prevent interaction of alcohol with medications (such as antihistamines or tranquilizers) that I take. List the name of the medications and how alcohol can interact with them.
- ☐ Prevent growth and development delays (I am a teen). The effects I have seen or that can be caused by alcohol use include:
- ☐ Prevent or improve other health concerns I have, which include:

Relationship and work reasons

I want to reduce or stop alcohol use for personal relationship and/or job performance reasons. Reducing or stopping alcohol use will help me to:

- ☐ Be able to attend the following upcoming special event without drinking alcohol:

- [ ] Reduce conflict at home. (Describe the type of conflict.)

- [ ] Reduce conflict at work. (Describe the type of conflict.)

- [ ] Increase my ability to handle the following home and work responsibilities in the following way:

- [ ] Increase my ability to perform at work in the following way:

- [ ] Other:

Legal concerns

I want to cut down on or stop drinking to prevent legal problems, such as driving while under the influence of alcohol. I have had or am at risk for the following legal problems:

Risk for alcohol dependence

I want to cut down on or stop drinking to control my risk for developing alcohol use problems, especially alcohol dependence. I have the following risk factors for alcohol use problems (family history, began drinking at age 15 or younger):

Other reasons

I want to cut down on or stop drinking alcohol for these other reasons:

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