integrity counseling inc.

Weekly Worksheet

(Please make copies of this sheet or answer on a separate sheet of paper)
If you attended multiple meetings, use the back side of this sheet to document them

Name: _____ **Date**: _____ **Stay Clean This Wk?** _____

What meeting did you go to this week (name & date of meeting): _____

Who "chaired" (led) the meeting (first name only): _____

What topic was discussed? (specific): _____

How did you relate or what is helpful in your life?: _____

_____

Please answer the following as best as you can (only once per week)**.**

1. What is one idea, fact, or thought you remember from your last counseling session?

2. What have you done since last session to lower your risk?

3. How did you know these things you did would be helpful to you and your family?

4. How could others tell that you were making an effort?

5. What was your proudest or happiest moment this week?

6. What was your most challenging, difficult, or frustrating experience this week?

7. If you could have done one thing differently this last week, what would it have been?

8. How satisfied are you with your progress toward your goal? (circle # on scale below)

1 2 3 4 5 6 7 8 9 10

(not very satisfied) (moderately satisfied) (extremely satisfied)

9. What will be different in your life when you reach 1 point higher?