Before/After Comparison: Substance and/or Alcohol Use Patterns

Date: _____

substance or alcohol use. Fill in each section with details that capture your use patterns, thoughts, feelings, physical sensations, behaviors, and overall impact.				
Category	Before Change	After Change		
Substances/Amount				
Thoughts				
Emotions				
Physical Sensations				
Behaviors				
Triggers & Cues				
Benefits & Challenges				
Goals & Intentions				
Support & Resources				

Reflection Questions:

What patterns or changes stand out most when comparing before and after?

How have your motivations, goals, or reasons for using shifted?

Which strategies or supports have been most helpful in making these changes?

What challenges remain, and how might you address them moving forward?