



My Plan and Reasons to Stop Using Alcohol

Consider why you feel that you need to cut down or stop drinking. You can put a check next to the statements that you agree with.

My health:	
<input type="checkbox"/>	I'd like to be at a healthy weight. Alcohol is adding empty calories to my diet.
<input type="checkbox"/>	I would like to get a better night's sleep. Drinking is affecting the quality of my sleep.
<input type="checkbox"/>	I want to feel good in the morning instead of sick, shaky, or anxious.
<input type="checkbox"/>	I am planning to become pregnant or am already pregnant.
<input type="checkbox"/>	I take medications that interact with alcohol.
<input type="checkbox"/>	I want to manage a health problem that drinking is exacerbating. For example, I have heart failure, hypertension, or a mental health condition.
<input type="checkbox"/>	I want to be healthy and avoid problems like cancer or issues with my liver, stomach, or nervous system.
My relationships:	
<input type="checkbox"/>	I don't want to be a worry to my family and friends.
<input type="checkbox"/>	I don't want to get into arguments and regret what I said or did.
<input type="checkbox"/>	I want to avoid sexual problems. Alcohol is interfering with my sex life.
My performance at work or school:	
<input type="checkbox"/>	I want to improve how well I can learn and think.
<input type="checkbox"/>	I want to be more focused, on time, and not call in sick.
Other benefits:	
Add in other benefits such as saving money, being a good role model to your family, or anything you may think of.	
<input type="checkbox"/>	

Congrats! You've just created a list of reasons to cut back or stop drinking. Consider the boxes you've checked, are some stronger or more meaningful to you than the reasons why you like to drink? Keep this list with you and review it whenever you are struggling to remember why you took the step in the first place.

When you are ready, you can begin to consider how you will stop using alcohol. This form is to help you write down your plan. Consult your doctor before you formulate any concrete plans and get their advice before you take any action. This form should be used as a resource and a reference, but does not replace the advice of your doctor.

I will stop drinking any alcohol on (date):	
I have written down my reasons for not drinking (they are listed above):	
I have discussed my plan with my family and friends and asked for support. They will support me by:	
When offered a drink I will say:	
When I am tempted to drink alcohol, I will:	
I will write in my diary (specify how often):	
Other things that I plan to do to prevent myself from drinking (such as attending support groups) include:	
I will evaluate my progress on (date):	
I will reward my accomplishments by:	