

Motivational Enhancement: Identifying Things to Work On

Now, look at this list again.

1) Check what would you like to change in your life.

2) Number those checked in order of importance.

Medical or Physical:

- ☐ Head Injury in past (#:)
- ☐ Overdose experiences
- ☐ Stomach problems
- ☐ Dental/teeth problems
- ☐ Seizures or convulsions
- ☐ Large weight gain or loss
- ☐ Diarrhoea or constipation
- ☐ Nose or sinus problems
- ☐ HIV issues
- ☐ Hepatitis issues
- ☐ Waking up at night with a start
- ☐ Difficulty breathing
- ☐ Difficulty breathing at night
- ☐ Heart problems
- ☐ Chronic pain
- ☐ Specific pain problem
- ☐ Chronic fatigue
- ☐ Memory problems
- ☐ Other (Specify):

Relationships:

- ☐ Fights with partner
- ☐ Fights with children
- ☐ Fights with other family or friends
- ☐ Feeling alone
- ☐ Difficult to talk to other people
- ☐ Difficulty solving problems
- ☐ Loss of friends
- ☐ Only knowing people who use
- ☐ Problems with children/parenting
- ☐ Loss of partner
- ☐ Children at risk/in care
- ☐ Problems in sex life
- ☐ Other (Specify):

Legal:

- ☐ Arrested – possession/dealing
- ☐ Arrested - theft or robbery
- ☐ Arrested - assault/other violence
- ☐ DTTO, probation or parole
- ☐ Divorce or separation
- ☐ Child visitation issues
- ☐ Other (Specify):

Emotions and Feelings:

- ☐ Depression
- ☐ General anxiety or stress
- ☐ Panic attacks
- ☐ Anxiety around other people
- ☐ Anxiety when outside
- ☐ Other specific fears/phobias
- ☐ Sudden swings in mood
- ☐ Problems controlling anger
- ☐ Problems dealing with the past
- ☐ Remembering/flashbacks to past
- ☐ Hallucinations
- ☐ Feeling suspicious or paranoid
- ☐ Memory problems
- ☐ Can't sit still – always moving
- ☐ Can't relax
- ☐ Can't concentrate
- ☐ Other (Specify):

Housing, Finances, and Skills:

- ☐ Finding a place to live/sleep
- ☐ Furnishing/equipping your home
- ☐ Finances and budgeting
- ☐ Home skills (cooking, shopping)
- ☐ Taking care of your home
- ☐ Taking care of yourself
- ☐ Other (Specify):

Daily Routines

- ___ Problems getting to sleep
- ___ Severe snoring
- ___ Problems waking up
- ___ Eating too much or too little
- ___ Not eating a balanced diet
- ___ Bored during the day
- ___ Lack of fun things to do
- ___ Loss of sports or hobbies
- ___ Lack of physical exercise
- ___ Problems finding or keeping work
- ___ Problems with training or school
- ___ Other (Specify):

Laura Freeman, Ph.D. Addiction Interventions