

Plan to Stop Using Alcohol

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.

My plan to stop drinking alcohol

I will stop drinking any alcohol on (date):

I have written down my reasons for not drinking and placed the list:

I have discussed my plan with my family and asked for their 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 a support group) include:

I will evaluate my progress on (date):

I will reward my accomplishments by:



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