

POWERLESSNESS

Name: _____

Date: _____

1. How have chemicals placed your life or the lives of others in jeopardy?

- a. _____
- b. _____
- c. _____

2. How have you lost your self-respect due to your chemical usage?

- a. _____
- b. _____
- c. _____

3. What is it about your behavior that your spouse/family/friends object to most?

- a. _____
- b. _____
- c. _____

4. How have you tried to control your drinking and using of chemicals?

- a. _____
- b. _____
- c. _____

5. Give 5 examples of how powerlessness (loss of control) has revealed in your own personal experience:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

6. What type of physical abuse has happened to you or others as a result of your chemical usage?

- a. _____
- b. _____
- c. _____

7. What is your current physical condition (heart, liver, etc.)?

8. What is the difference between admitting and accepting your dependency?

9. What convinces you that you no longer can use chemicals safely?

10. Are you an addicted/chemically dependent person?

