

WPCS Youth Program Check in Sheet

Date: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Did I take a UA? **Yes** **No**

**Check In:**

My Name: \_\_\_\_\_ My drug(s) of choice: \_\_\_\_\_ My clean date (the last time I used any substances): \_\_\_\_\_

# Craving Score

Overall, in the past 24 hours MY CRAVING SCORE was

0 1 2 3 4 5 6 7 8 9 10

No Desire to Use

Stress, anxiety, negative feelings

Thoughts of using, but I can cope

Urgent thoughts of using. Staying in control is a real struggle

I'm suffering and on the verge of saying the Hell with it

It is inevitable that I am going to use

My current risk scales (1=low....10=high): Suicide: \_\_\_\_\_ Self-harm: \_\_\_\_\_ Homicide: \_\_\_\_\_  
 \*\* If your risk is **above 4**, please see me after group to talk.

What motivated me to come to group? \_\_\_\_\_ Right now I am feeling: \_\_\_\_\_

A skill I've learned in treatment that I've used recently to help my recovery is: \_\_\_\_\_

A sober support activity (AA, sports, youth group, etc.) I have attended in the past week: \_\_\_\_\_

**Remember to turn in your sober activity attendance forms each week.**

**Feedback**

Something I learned about myself: \_\_\_\_\_

What I liked about group: \_\_\_\_\_ What I would have changed about group: \_\_\_\_\_

**Check Out:**

Right now I am feeling: \_\_\_\_\_ What I will commit to doing between now and my next session to help my recovery (besides staying clean and attending group): \_\_\_\_\_

**HALT:** On a scale from 0 to 10 where "0" mean None and 10 mean extremely, please rate the following:  
 How **H**ungry are you: \_\_\_\_  
 How **A**ngry are you: \_\_\_\_  
 How **L**onely are you: \_\_\_\_  
 How **T**ired are you: \_\_\_\_

Comments and questions: