GUIDELINES FOR MINI LEAD

1. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Sobriety:
3. Demographic information (Family Information, Relationship with Peers/Family, Were substances Present when you were growing up?
4. How is it that your Chemical Use got started?
5. How your Chemical Use became Problematic (Lying, Stealing, Hiding use from Peers/Family, Legal issues/Employment, Financial, Relationship Consequences
6. My “Rock Bottom” (Be Specific)
7. My “Wake Up Call”
8. Explain how the Process of Recovery Began for you and what brought you here.
9. Name Recovery Tools that you are using (Meetings, Sponsor, Honesty, Willingness, Commitment to Lifestyle Changes etc.).
10. What Benefits do I see for Staying Sober? Explain your Plan to Stay Sober.