

# My Personal Action Plan

## BD – II

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

Instructor's Name: \_\_\_\_\_

Based on what I know now about the effects of alcohol/drugs on traffic safety and the body, the cost, and signs of alcoholism, I plan to make the following changes:

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- Stop drinking alcohol and/or using drugs
- Separate my drinking/drug use from driving
- Have a designated driver
- Not drive when taking my medication
- Change people, places and alcohol/drug-related activities

I can depend on the following people for support in following my plan:

- Family
- Spouse
- Non-drinking/drug-using friends
- AA/NA sponsor
- Spiritual leader/higher power
- Other \_\_\_\_\_

I will get the following benefits from following my plan:

- No legal problems related to alcohol/drug use
- Healthier lifestyle
- Rebuild trust and respect
- More money
- Freedom
- Other: \_\_\_\_\_