



The Shade Project Summary

Write down your answers to these questions in the space provided.

What concerns you the most at the moment?

About your drinking/smoking/using: _____

About your depression: _____

What are your fears about what might happen if you don't make a change?

How likely is it that these fears will be come true?

(Please tick which box is true for you)

- These fears won't come true at all
- It is possible that these fears will come true
- I'm pretty sure these fears will come true
- These fears will definitely come true and are starting to happen at the moment