Relapse Management Worksheet

Day and Date of Event: ________________________________________________________________

Where were you at? ________________________________________________________________

Who were you with? ________________________________________________________________

How did you obtain the alcohol or drugs? _______________________________________________

What things reminded you of drinking alcohol or using drugs?
(For example, seeing alcohol, drugs, or paraphernalia)
____________________________________________________________________________________

What thoughts were you having?
(For example, reasons why it would be ok to drink alcohol or use drugs)
____________________________________________________________________________________

What feelings were you having?
(For example, angry, sad, out of control) ________________________________________________

What warning signs were there before the event?
(For example, slacking off, change in attitude, conflict with your family)
____________________________________________________________________________________

What would you do differently next time? _______________________________________________
____________________________________________________________________________________

Why are you committed to your recovery at this point? _____________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Patient Signature / Date                                Parent or Guardian Signature(s) / Date

Clinician / Date

Rev 2/05

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