

## 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