



RELAPSE PREVENTION PLAN

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

1. Places that might trigger me to use, and how will I avoid or deal with those places?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
2. People that may trigger a desire to use, and how I will avoid or handle them?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
3. Situations/Activities that could trigger me to use, and how I will respond to or avoid them?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
4. The most effective actions that I can take when dealing with triggers and/or stressors?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
5. The behaviors that I show as warning signs when I am about to relapse and use drugs are?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_