

Substance Use Antecedents Recall Worksheet

Client's Name _____ Date _____

Situations/Thoughts: *List situations or thoughts that affect your substance use.*

1. _____
2. _____
3. _____
4. _____
5. _____

Feelings: *List feelings that affect your substance use.*

1. _____
2. _____
3. _____
4. _____
5. _____

Cues: *List cues that affect your substance use.*

1. _____
2. _____
3. _____
4. _____
5. _____

Urges: *List urges/self-talk that affect your substance use.*

1. _____
2. _____
3. _____
4. _____
5. _____