

# Addiction Recovery Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Early Warning Signs: Emotion Relapse Review

1. Have I started avoiding people lately? If so, who, what, when, where, and why?

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2. Have my thoughts been dark and pessimistic? If so, what are they, and how intense are they?

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3. Have I noticed any changes in my appetite? If so, how long has it lasted, and have I lost or gained any weight?

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4. Have I been avoiding activities or places lately? If so, what, where, when, and why?

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5. Have I noticed any changes in my sleeping patterns? If so, what are the changes, and how often do they occur?

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6. Have I been more irritable than usual? If so, when, and under what circumstances?

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