Substance Abuse for Adults

Fill this worksheet.

Full Name: _____

Date of Birth: _____ **Gender:** _____

Identifying Triggers

Complete this section of the form when you are in a situation that may trigger a relapse.

Situation	Emotions	Thoughts	Alternative Action

Weekly Reflection

Complete this section of the form at the end of the week.

Over the next week, I want to continue working on _____

_____

_____

_____

I made a step towards recovery by _____

_____

_____

_____