

Name: _____ Date: _____

Relapse Prevention

Fill this worksheet.

Identify Your GOALS

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What MOTIVATES you?

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CHALLENGES you may face:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

My COPING skills:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Who are people you can talk to if you are thinking about using?

How will your life change if you relapse? How about if you stay sober?

Outcomes of Relapse

Outcomes of Sobriety

Outcomes of Relapse	Outcomes of Sobriety