

# Relapse Prevention Plan

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

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

Five warning signs that i might use:

- 1.
- 2.
- 3.
- 4.
- 5.

Five people who I can call to help me get through a craving:

- 1.
- 2.
- 3.
- 4.
- 5.

Five things I can do to get my mind off of using:

- 1.
- 2.
- 3.
- 4.
- 5.