

Avoiding Relapse

Name: _____

Date: _____

If I were about to relapse, here is a likely situation I might be in:

Where: _____

When: _____

With whom: _____

Doing what: _____

Thinking what: _____

Feeling what: _____

What coping strategies could I use to avoid this relapse?

Action Strategies:

1) _____

2) _____

3) _____

Thinking Strategies:

1) _____

2) _____

3) _____

Feeling Strategies:

1) _____

2) _____

3) _____