

Substance Use Antecedents Recall Worksheet

Client's Name _____ Date _____

Situations/Thoughts: List situations or thoughts that affect your substance use.

1. _____
2. _____
3. _____
4. _____
5. _____

Feelings: List feelings that affect your substance use

1. _____
2. _____
3. _____
4. _____
5. _____

Cues: List cues that affect your substance use

1. _____
2. _____
3. _____
4. _____
5. _____

Urges: List urges/self-talk that affect your substance use

1. _____
2. _____
3. _____
4. _____
5. _____