

# 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.