

Name:

Date:

Substance Abuse Worksheet

Patient Information

First Name	Last Name	Date of Birth	Gender

Identifying Triggers

Complete this section of the form when you are in a situation that may trigger a relapse

Situation	Emotions	Thoughts	Alternative Action

Weekly Reflection

Complete this section of the form at the end of the week

Over the next week, I want to continue working on....

I made a step towards recovery by...