

Name:

Date:

# ADDICTION RECOVERY PLAN

## 1. Why do you want to recover?

(Why is recovery important to you?)

## 2. What situations trigger your substance use?

(What makes you want to use?)

## 3. What are your warning signs?

(How do you know you might relapse?)

## 4. What healthy things can you do instead?

(Coping strategies you can use)

## 5. Who can support your recovery?

(People you can talk to)

**My commitment to recovery:**

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