

Name:

Date:

ADDICTION TRIGGERS

Fill in the blanks.

Describe the problem your triggers are contributing to. What's the worst-case scenario, if you are exposed to your triggers?

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Explore your own triggers, think about each of the categories listed below. Is there a specific emotion that acts as a trigger for you?

Emotional State	
People	
Places	
Things	
Thoughts	
Activities / Situations	