

Name: _____

Date: _____

SUBSTANCE ABUSE TRIGGERS

1. My Triggers

What situations make me want to use substances?

2. How I Feel

How do I usually feel when this happens?

3. What is a healthy way to respond?

- Stressed
- Angry
- Sad
- Lonely
- Bored
- Other: _____

3. What I Can Do Instead

Healthy choices I can make:

4. My Support Person

Someone I can talk to when I feel triggered:

Name: _____