



Recovery Residence Relapse Prevention Plan

Client name: _____

Date: _____

Thoughts \Rightarrow Feelings \Rightarrow Behaviors

Identify five **thoughts** that could lead you to relapse: (e.g. "I'll only do it one time.")

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Identify five **feelings** that could lead you to relapse: (e.g. Boredom)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Identify five **behaviors** that could lead you to relapse: (e.g. Skipping self-help meetings)

- 1.) _____
- 2.) _____
- 3.) _____

4.) _____

5.) _____

Identify warning signs that could indicate you're falling into 'relapse mode': (e.g. sleeping a lot, irritable, isolating, etc.)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Identify how others could help you if you're starting to feeling like you're slipping into 'relapse mode': (e.g. taking you to a meeting, giving you space, talking with you, etc.)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

If you recognize you're falling into 'relapse mode', identify what [specific] steps you would take in order to not pick up and use: (e.g. talking to someone about it, calling your sponsor, going to a meeting, etc.)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

Please identify your [healthy] supports: (name and phone number [if applicable])

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

Please identify what you currently do to support your recovery:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

5.) _____

On a relapse scale from 0-10 (0-meaning you are confident you don't want to use at this moment and 10-meaning you are going to pick up and use at this moment), where would you rate yourself?

And why?

Print name: _____ Date: _____

Signature: _____ Date: _____