Cross Addiction Worksheet

Full name: _____ Age: _____

Gender: _____ Date submitted: _____ dd / mm / yyyy

Signature
Date signed: _____ dd / mm / yyyy

Your primary addictions - Specify below:

Your other addictions/behaviors of concern - Specify below:

Complete the inventory with honesty and reflection. Recognize that this is a step toward understanding the complexities of your addiction(s). Identify patterns and triggers to gain insights into potential risks for cross-addiction. Acknowledge the negative consequences of your behaviors to understand their full impact. Develop a detailed relapse prevention strategy focusing on coping mechanisms and support systems alongside your attending healthcare professional. Integrate this worksheet into your recovery plan, discussing it with your therapist or support group to enhance your recovery journey. Regular review and honest reflection on this worksheet can be a crucial part of your journey toward recovery, helping you to navigate the complexities of cross-addiction and maintain focus on your path to wellness.

Behavior:

Substance/activity:

Duration of use/addiction:

Frequency:

Patterns identified:

Common triggers:

Mental health issues:

Impact on relationships:

Professional/educational impact:

Understanding cross-addiction risks - Specify below:

Current coping mechanisms:

Current support systems:

Relapse prevention strategy:

Therapy goals:

Adjustments/additions to recovery plan:

Full name: _____

Email address: _____ Contact number: _____

Signature:

Date signed: _____ dd / mm / yyyy