Relapse Prevention Planning Worksheet

Name: _____ Date: _____ dd / mm / yyyy

Plan

Diagnosis:

Triggers:

Coping skills:

Support system:

Lifestyle changes:

Relapse warning signs:

Outcomes of relapsing:

Outcomes of staying sober:

Emergency plan:

Progress tracking

Date 1: _____ dd / mm / yyyy

Notes:

Date 2: _____ dd / mm / yyyy

Notes:

Date 3: _____ dd / mm / yyyy

Notes:

Date 4: _____ dd / mm / yyyy

Notes:

Date 5: _____ dd / mm / yyyy

Notes:

Additional notes

Specify below: