

# 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: