



# Relapse Prevention Plan

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Relapse Prevention Plan for \_\_\_\_\_

1. Events or situations that triggered relapses in the past:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Early warning signs of a relapse that I experienced in the past:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. How I would respond to an early warning sign:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Who I would like to help me and what I would like them to do:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Who I would like to be contacted in case of an emergency:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_