

Substance Abuse Worksheet

Patient Information			
First Name	Last Name	Date of Birth	Gender
Identifying Triggers			
Complete this section of the form when you are in a situation that may trigger a relapse			
Situation	Emotions	Thoughts	Alternative Action
Weekly Reflection			
Complete this section of the form at the end of the week			
Over the next week, I want to continue working on...			
I made a step towards recovery by...			