



Relapse Prevention Plan Continued

6) Three ways that I can reduce my stress are:

- a) _____
- b) _____
- c) _____

7) Three of my positive qualities are:

- a) _____
- b) _____
- c) _____

8) Supportive friends/family members that I can call on a regular basis:

- | | |
|----------------|---------------|
| a) Name: _____ | Number: _____ |
| b) Name: _____ | Number: _____ |
| c) Name: _____ | Number: _____ |
| d) Name: _____ | Number: _____ |
| e) Name: _____ | Number: _____ |
| f) Name: _____ | Number: _____ |

9) A daily community/leisure/healing activity I will engage in is:



Peer Assistance Services

Client Name: _____

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10) An activity I will definitely avoid is:

11) Three steps I will take to prevent relapse (symptoms/warning signs return or get worse):

Step 1:

Step 2:

Step 3:

12) If I begin to relapse (when symptoms/warning signs return or get worse) I will:

13) Describe three self-care techniques for medication management, if applicable:

a)

b)

c)