



## **WEEKEND RELAPSE PREVENTION PLAN**

**WHO ARE THE PEOPLE WHO WOULD COULD PLACE YOU AT THE MOST RISK?**

1)

2)

3)

4)

5)

**WHAT FEELINGS PLACE YOU AT GREATEST RISK FOR USING?**

1)

2)

3)

**WHAT PLACES WILL IT BE NECESSARY TO AVOID?**

1)

2)

3)



**WHAT SITUATIONS OR EVENTS COULD PLACE YOU AT RISK FOR USING? WHY?**

1)

2)

3)

**WHAT MAY BE THE CONSEQUENCES FOR YOU IF YOU ARE NOT CAREFUL?**

1)

2)

3)

**FINALLY, WHAT POSITIVE COPING STRATEGIES, SKILLS AND SUPPORTS DO YOU HAVE AVAILABLE TO GET THROUGH?**

1)

2)

3)

4)

5)

SIGNED (Client) \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED (Witness) \_\_\_\_\_

DATE \_\_\_\_\_