

# Relapse Prevention Plan Template

A personal guide to staying grounded and supported in recovery

## TRIGGERS

List the situations, emotions, or environments that increase your risk of relapse.

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## EARLY WARNING SIGNS

What do you notice (in behavior, mood, thoughts) when you're starting to slip?

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## COPING STRATEGIES

What healthy tools help you stay on track? (e.g. breathing, journaling, walking, calling a friend)

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## SUPPORT NETWORK

List the names and contact info of the people you trust and who can support you.

Sponsor / Mentor

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Therapist / Mental Health Pro

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Friend / Family / Peer

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Friend / Family / Peer

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Crisis Hotline (Optional): \_\_\_\_\_

MOTIVATION

Why is staying sober important to you? Keep this short but personal.

WHEN I NOTICE A WARNING SIGN...

What do you notice (in behavior, mood, thoughts) when you're starting to slip?

1.

2.

3.

MY CHECK-IN ROUTINE

Choose how often you'll review/update this plan:

- ☐ Weekly
- ☐ Monthly
- ☐ After stressful events

**Tip:** Save this where it's easy to find—on your phone, in your wallet, or near your bed. You won't need it every day, but when you do, it'll be ready.

