

Free Relapse Prevention Plan Template

A practical printable worksheet for identifying triggers, warning signs, craving responses, support contacts and emergency actions before a high-risk moment occurs.

HOW TO USE THIS PLAN

Complete this worksheet when you are thinking clearly, review it regularly, and keep a copy somewhere easy to access. Share the most important parts with a trusted support person or treatment professional. Update the plan whenever you discover a new trigger, warning sign or coping strategy.

My reasons for protecting recovery

Write down the people, goals, health, relationships or future plans that matter enough to protect when recovery becomes difficult.

My recovery basics

Name

Date completed

Treatment / counselor

Primary support person

Next review date

IMPORTANT

This worksheet is educational and is not a substitute for medical care. A suspected opioid overdose is an emergency. In the United States, administer naloxone if available and call 911. Emergency numbers differ by country.

1. Identify My High-Risk Situations

Think about what tends to happen before cravings become stronger. Include people, places, emotions, routines, money, sleep, conflict, celebrations and other situations.

Trigger / situation	Why it affects me	What I will do

2. Recognize My Warning Signs

Look for changes from your normal recovery routine. One difficult day does not prove relapse is coming; patterns matter more.

Emotional	Mental	Behavioral
■ More anxious, angry or overwhelmed	■ Thinking about using more often	■ Missing treatment or support
■ Withdrawing from others	■ Romanticising past use	■ Returning to old people or places
■ Shame, guilt or hopelessness	■ Bargaining: 'just once'	■ Increasing secrecy
■ Poor sleep / exhaustion	■ Planning opportunities to use	■ Dropping healthy routines

My personal warning signs

My rule: If I notice several warning signs appearing together or becoming stronger, I will activate my relapse prevention plan rather than wait for a crisis.

3. My Craving-Response Plan

A craving is a signal to act on the plan, not an instruction to use. Decide your first actions before the craving appears.

1 Name it

I will remind myself: 'This is a craving. I do not have to act on it.'

2 Create distance

I will leave the person, place or situation if it is increasing risk.

3 Delay

I will avoid making an immediate decision to obtain or use a substance.

4 Connect

I will contact someone from my support plan and tell them what is happening.

5 Use a coping skill

I will walk, change environment, eat, rest, breathe, distract myself or use a practiced skill.

My first three actions during a strong craving

1.

2.

3.

4. People I Will Contact

Use names and telephone numbers, not simply 'ask for help'. Choose more than one person in case your first contact is unavailable.

Role	Name	Phone / contact
Immediate support		
Counselor / clinician		
Recovery / peer support		
Backup contact		

A SIMPLE SENTENCE TO USE

"My cravings have increased and I do not want to manage this alone. Can you stay in contact with me while I get back to my recovery plan?"

5. My Daily Recovery Protection Plan

Use this as a short daily check. The aim is to notice change early rather than wait until a problem is severe.

Daily check	Today	Action if needed
Stress level	Low / Medium / High	
Craving level	Low / Medium / High	
Sleep	Good / Fair / Poor	
Connection with support	Good / Limited / None	
Treatment / appointments	On track / Needs attention	
Warning signs	None / Some / Increasing	

Treatment and medication

Record the treatment that forms part of your recovery plan. Do not start, stop or change prescribed medication without discussing it with the relevant clinician.

Counselor / therapy

Medical provider

Medication

Next appointment

My routines that protect recovery

■ Regular sleep routine	■ Meals / hydration
■ Exercise / movement	■ Counseling / treatment
■ Support contact	■ Time away from high-risk environments
■ Meaningful work / study / activity	■ Other: _____

If a lapse happens

One episode of use does not mean every part of recovery has been lost. The priority is to act early and prevent a brief lapse from becoming a longer return to use.

- Tell someone from my support plan as soon as possible.
- Contact my treatment provider or counselor.

- Avoid continuing to use simply because one episode has already happened.
- Identify what triggered the episode.
- Update this plan with what I have learned.

6. Emergency Relapse and Overdose Safety Plan

This section is especially important if opioid exposure is possible. Reduced tolerance after a period of abstinence can increase overdose risk if opioids are used again.

IF I BELIEVE I MAY USE

I will contact _____, move away from the high-risk situation when possible, and contact my counselor / treatment provider if risk continues increasing.

Naloxone plan

Naloxone is kept _____

People who know where it is _____

People trained / familiar with use _____

SUSPECTED OPIOID OVERDOSE - EMERGENCY RESPONSE

In the United States:

1. Give naloxone if available.
2. Call 911.
3. Try to keep the person awake and breathing.
4. Place the person on their side to reduce choking risk.
5. Stay with them until emergency help arrives.

If you are not sure whether it is an overdose, treat it as an overdose.

Review and update

I will review this plan every _____

Next review date _____

Person I will review it with _____

Official guidance used for this template

AHRQ: Prevention planning guidance recommends identifying warning signs, emotional and situational triggers, support contacts and concrete coping steps, and updating the plan as recovery changes.

<https://integrationacademy.ahrq.gov/products/playbooks/moud-playbook/recovery-support-and-counseling/prevent-and-respond-to-recurrence>

CDC: Official opioid overdose response guidance includes naloxone when available, calling 911, supporting breathing, placing the person on their side and staying until emergency help arrives.

<https://www.cdc.gov/stop-overdose/response/index.html>

SAMHSA: Recovery and peer-support resources can help people remain engaged in recovery and build support beyond clinical care.

<https://www.samhsa.gov/substance-use/recovery/peer-support-workers>

Educational resource only. This template does not diagnose, treat or replace individualized medical advice. If you are in immediate danger, experiencing severe withdrawal, or suspect an overdose, seek emergency medical care.