

Name: _____

Date: _____

Relapse Prevention

- | | |
|--|------------------|
| 1. What is the most important thing I can do to help prevent relapse? | A. Environment |
| 2. Something that I can do quietly that can help to relieve stress. | B. Triggers |
| 3. The person who can prescribe my psych medication. | C. Prevention. |
| 4. Illegal drugs not prescribed by my psychiatrist. | D. Medication |
| 5. Vomiting, nausea, and stomach cramps caused by not having a certain drug or chemical. | E. Withdrawal |
| 6. A person or group of persons who can help you in your time of need. | F. Psychiatrist |
| 7. Anything that brings back thoughts, feelings, or memories about drugs, addiction, or other negative behaviors | G. Meditation |
| 8. The action of stopping something before it happens. | H. Overconfident |
| 9. Anything that surrounds you-can be positive or negative. | I. Support |
| 10. Thinking or feeling that you don't need help from anyone. | J. Narcotics |
| 11. Letting your guard down, or thinking that "everything is okay" | K. Complacency |