# My Relapse Prevention Plan

## 1. What keeps me moving forward

Your reasons can change. Begin with the people, values and hopes that matter today.

Name / initials (optional): _____ Date: _____

### My reasons for recovery

### What I want more of in my life

### Strengths I have already shown

**Alcohol and other drug support: ADIS 1800 177 833 (24/7)**


Not medical, psychological, legal or financial advice, treatment or emergency care.

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## 2. Know my patterns

Notice changes early, without blaming yourself.

Name / initials (optional): _____ Date: _____

### Situations, places or feelings that make recovery harder

### Early warning signs in my thoughts, feelings or routines

### What has helped me through a difficult moment before

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## 3. My coping menu

Choose actions you can realistically use when things feel difficult.

Name / initials (optional): _____ Date: _____

### Things I can do in the next 10 minutes

### Things that help me feel grounded or connected

### Places and activities that support my recovery

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## 4. My connection plan

Include contact details and a backup in case someone is unavailable.

Name / initials (optional): _____ Date: _____

### People I can contact and how to reach them

### Professional or community supports I may use

### What I want supporters to do when I reach out

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## 5. If I have a setback

A setback does not erase progress. Return to safety, connection and your next step.

Name / initials (optional): _____ Date: _____

### The first safe person or service I will contact - and my backup

### What I need to remember in that moment

### One practical, kind next step I can take

**Immediate danger or medical emergency: call 000. Keep your support contacts nearby.**

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## 6. Build my daily foundations

Make space for routines that fit your circumstances.

Name / initials (optional): _____ Date: _____

### Sleep, meals, movement and routines that help me feel steady

### Appointments, groups or check-ins I want to keep

### Boundaries that protect my recovery

### Something meaningful I want to make time for

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## 7. Prepare for challenging situations

Think ahead about how you can pause, leave or ask for support.

Name / initials (optional): _____ Date: _____

### A situation coming up that may feel difficult

### My plan before, during and after the situation

### Words I can use to say no, leave or ask for help

### A safer alternative I can choose

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## 8. Review and refresh my plan

Review with someone you trust if that feels helpful.

Name / initials (optional): _____ Date: _____

### What is working well

### What needs to change

### A new strength or coping skill I have noticed

### My next review date and who I may review with

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