

Name : _____ Date : _____

Truthfulness **IN** **ADDICTION RECOVERY**

Early Warning Signs : Emotion Relapse Review

1.) Have I started avoiding people lately? If so, who, what, when, where, and why?

2.) Have my thoughts been dark and pessimistic? If so, what are they, and how intense are they?

3.) Have I noticed any changes in my appetite? If so, how long has it lasted, and have I lost or gained any weight?

4.) Have I been avoiding activities or places lately? If so, what, where, when, and why?

5.) Have I noticed any changes in my sleeping patterns? If so, what are the changes, and how often do they occur?
