

CAB Reason for Relapse Survey

We would appreciate your answering the following questions so that we can better help you. Thank you.

CAB Program you are in: _____ male _____ female _____ age _____

drug-of-choice: ___alcohol ___heroin___ other opiates ___cocaine ___marijuana _ ___other (please specify):

1. Have you ever begun using alcohol or drugs after a period of time when you stopped using? ___yes ___no
2. If you answered yes, please circle the most important reason(s) which played a role in your most recent relapse:
 - a. developed a relationship with someone who used
 - b. felt lonely
 - c. couldn't find a sponsor
 - d. thought I could use without getting addicted
 - e. wanted to use and get high
 - f. started hanging out with old friends who were using
 - g. relationship problems or break-up
 - h. felt angry
 - i. felt depressed
 - j. didn't know what to do when I wasn't using
 - k. stopped going to meetings
 - l. didn't stay in treatment long enough
 - m. felt anxious or stressed
 - n. didn't know how to deal with an urge or craving to use
 - o. staying clean wasn't fun
 - p. felt tired
 - q. wanted to test myself to see if I could control my drug use and not get addicted
 - r. felt sad
 - s. too much money
 - t. thought I could use only once
 - u. domestic violence
 - v. pay day
 - w. didn't feel like I belonged
 - x. couldn't find a job
 - y. things were going well and wanted to celebrate
 - z. didn't know how to say "no"
 - aa. felt bored
 - bb. wasn't ready to stop using
 - cc. lost relationship to my "higher power"
 - dd. felt guilt/shame about past behavior
 - ee. too much work – imbalance in life
 - ff. sleep difficulties
 - gg. physical pain
 - hh. someone close to me died
 - ii. family problems
 - jj. things were going well and felt afraid
 - kk. memories of past abuse were bothering me
 - ll. tried a drug different than my drug-of-choice
 - mm. pain of withdrawal
 - nn. was offered drugs by someone else
3. Of the reasons you picked, please write down the letters of the **5 most important reasons**:
4. Are there any other any other reasons that played a role in your relapse:
5. On the day you relapsed, did anything in particular happen that played a role in your relapse? If yes, please describe (write on back if necessary).
6. What is the longest period of time you have been able to stay clean _____
7. Once you relapsed, what was your reaction to your relapse? ___felt angry ___felt sad ___felt relief ___felt shame ___felt disappointed in self ___felt hopeless ___felt guilty ___felt happy ___other (please specify): _____