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**Template Weekly Recovery/ Relapse Prevention Check in**

**Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Number of Weeks since initial assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_

When resident has reached X number of weeks, conduct a follow-up assessment to re-examine goals.

Did you achieve the specific Action Steps you identified last week? If yes, what helped you do this? If no, what happened?

1.

2.

3.

Did you practice self-care last week like you planned? What did you learn?

What Action Steps are you going to take next week to reach your goals?

1.

2.

3.

What challenges do you think you may face this week?

1.

2.

3.

What Coping skills do you have that will help you overcome those challenges?

1.

2.

3.

How do you plan on practicing self-care this week?

1.

2.

3.

Who are the people that you can rely on for support this week?

1.

2.

3.

Is there anything else that you need help with right now? Is there any additional support that you need?

Resident Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_