



Place a checkmark next to activities, situations, or settings in which you frequently used substances; place a zero next to activities, situations, or settings in which you never have used substances.

- | | | |
|---|--|--|
| <input type="checkbox"/> Home alone | <input type="checkbox"/> During a date | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> Home with friends | <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> Friend's home | <input type="checkbox"/> During sexual activities | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> Parties | <input type="checkbox"/> After sexual activities | <input type="checkbox"/> While at dinner |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> Movies | <input type="checkbox"/> When carrying money | <input type="checkbox"/> After passing a particular street or exit |
| <input type="checkbox"/> Bars/clubs | <input type="checkbox"/> After going past dealer's residence | <input type="checkbox"/> School |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Driving | <input type="checkbox"/> The park |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Liquor store | <input type="checkbox"/> In the neighborhood |
| <input type="checkbox"/> With friends who use drugs | <input type="checkbox"/> During work | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> When gaining weight | <input type="checkbox"/> Talking on the phone | <input type="checkbox"/> With family members |
| <input type="checkbox"/> Vacations/holidays | <input type="checkbox"/> Recovery groups | <input type="checkbox"/> When in pain |
| <input type="checkbox"/> When it's raining | <input type="checkbox"/> After payday | |
| <input type="checkbox"/> Before a date | | |

List any other activities, situations, or settings where you frequently have used.

List activities, situations, or settings in which you would not use.

List people you could be with and not use.

ERS 2B

External Trigger Chart



Name: _____ Date: _____

Instructions: List people, places, objects, or situations below according to their degree of association with substance use.

0% **Chance of Using** 100% **Chance of Using**

Never Use

Almost Never Use

Almost Always Use

Always Use

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



These situations are "safe."



These situations are low risk, but caution is needed.



These situations are high risk. Staying in these situations is extremely dangerous.



Involvement in these situations is deciding to stay addicted. Avoid totally.



During recovery certain feelings or emotions often trigger the brain to think about using substances. Read the following list of feelings and emotions, and place a checkmark next to those that might trigger thoughts of using for you. Place a zero next to those that are not connected with using.

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Criticized | <input type="checkbox"/> Excited | <input type="checkbox"/> Aroused |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Jealous | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Neglected | <input type="checkbox"/> Pressured | <input type="checkbox"/> Bored | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Depressed | <input type="checkbox"/> Exhausted | <input type="checkbox"/> Grieving |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Insecure | <input type="checkbox"/> Lonely | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Envious | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Deprived | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irritated | <input type="checkbox"/> Humiliated | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Passionate | <input type="checkbox"/> Sad | <input type="checkbox"/> Anxious | <input type="checkbox"/> Hungry |

What emotional states that are not listed above have triggered you to use substances?

Was your use in the weeks before entering treatment

_____ Tied primarily to emotional conditions?

_____ Routine and automatic without much emotional triggering?

Were there times in the recent past when you were not using and a specific change in your mood clearly resulted in your wanting to use (for example, you got in a fight with someone and wanted to use in response to getting angry)? Yes _____ No _____ **If yes, describe:**

ERS 3B

Internal Trigger Chart



Name: _____ Date: _____

Instructions: List emotional states below according to their degree of association with substance use.

0%
Chance of Using

100%
Chance of Using

Never Use

Almost Never Use

Almost Always Use

Always Use

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



These emotions are "safe."

These emotions are low risk, but caution is needed.

These emotions are high risk.

Persisting in these emotions is deciding to stay addicted. Avoid totally.