

## URAP Self-Report for Relapse

Name: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

Date (s) involved in relapse incident: \_\_\_\_\_

1. Did you tell someone else about your relapse within 24 hours?  Yes  No

Who? \_\_\_\_\_

2. Was another individual harmed in any way?  Yes  No

How? \_\_\_\_\_

3. Is a law enforcement agency involved?  Yes  No

4. Did you notify URAP of your relapse?  Yes  No

How long did it take to do so? \_\_\_\_\_

5. Is this your first incident of relapse?  Yes  No

If no, how many have you had since entering into your Agreement with URAP? \_\_\_\_\_

6. What, how much, how often and how long did you use this time? \_\_\_\_\_

7. When was your sobriety date? \_\_\_/\_\_\_/\_\_\_

8. What triggered this relapse? Be very specific please.

\_\_\_\_\_

9. What was your recovery program after completing your treatment program?

\_\_\_\_\_

10. What elements of your recovery program might have been neglected for a few months before your relapse?

\_\_\_\_\_

11. What has this experience taught you?

\_\_\_\_\_

12. What changes to you intend to make in your life in the immediate future and in the long term?

\_\_\_\_\_

13. What consequences would you suggest the Committee impose?

\_\_\_\_\_