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?
    ___________________________________________________________________