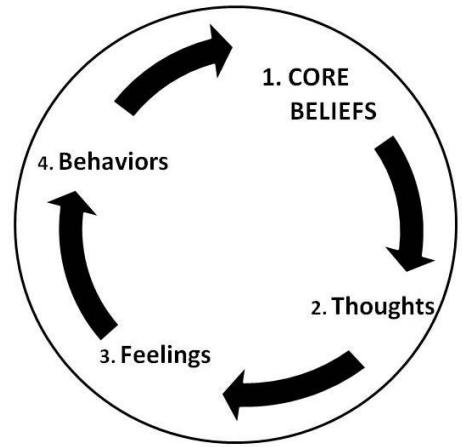


BREAKING UNHEALTHY HABITS

Slip Prevention Form

Knowledge is power! As we learn about the beliefs, thoughts, emotions and behaviors associated with unhealthy patterns in our lives we gain power to change them. Write out a "Slip Prevention Form" every time you have a slip to learn from the experience and break free of the unhealthy habit.



Answer the following questions about the slip:

Day of the Week _____ **Time of Day** _____

Triggers. What did I notice about the slip? _____

Emotions. What was I feeling at the time? _____

Automatic Thoughts. What sabotaging/automatic thoughts was I having at the time?

1. _____

2. _____

3. _____

4. _____

5. _____

Rational Response. What are some "rational responses" to the automatic thoughts? What might I tell a close friend or family member who was thinking the same way?

1. _____

2. _____

3. _____

4. _____

5. _____

Challenge Statement/Affirmation. What is a statement to challenge or talk back to each automatic thought?

1. _____

2. _____

3. _____

4. _____

5. _____

Negative Effects. How might *continuing* to think my automatic thoughts affect my life in the future?

Effects of Changing. How might *changing* my automatic thoughts affect my life in the future?

Trigger Behaviors. What behaviors led to the slip? _____

Benefits. What are the benefits of this unhealthy habit/behavior? Why do I do it? _____

Consequences. What are the negative effects of this habit/behavior? _____

New Healthy Habits. What healthy living tactics and new behaviors will I incorporate into my life to replace the unhealthy habits? _____

Something Different. What do I plan to do different next time I feel the urge to slip into my old habits?

Benefits. What are the benefits of changing this unhealthy habit/behavior and developing new habits?

What Have I Learned? What have I learned from this slip that will set me up for success in the future?
