

""VODCEEQ/F GRGPF GPEG'TGNCRUG/RTGXGPVKQP'EJ GEMNKUV""

Patient Name: _____

Date(s) Completed: _____

Covered?			TOPIC/CATEGORY
Y	±	N	
			RELAPSE PREVENTION STRATEGIES (To Be Covered 1-6 months post-TSD)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craving Time-Course (<i>Days 10-13</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craving Time-Course (<i>Long-Term</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Craving Time-Course (<i>Long-Term Frequency & Intensity</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celebration Setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategize/"Program ROM"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wallet Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Behavioral Interventions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Think Something Different
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do Something Different
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacological Interventions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-Start Bupropion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-Start Nicotine Medication(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-Start Varenicline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The "Time-Interval" Between 1 st Lapse and Full-Blown Relapse

Y: topic fully covered
±: topic partially covered and/or deferred
N: no need to cover topic