



Recovery Plan

Name: _____

Date: _____

Meetings Schedule (Include name and time of the meeting):

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

My Sponsor's Name is: _____

GOALS

My current goals are:

Personal Goals

- 1) _____ within _____ weeks/months
- 2) _____ within _____ weeks/months
- 3) _____ within _____ weeks/months
- 4) _____ within _____ weeks/months
- 5) _____ within _____ weeks/months

Work or Occupational Goals

- 1) _____ within _____ weeks/months
- 2) _____ within _____ weeks/months
- 3) _____ within _____ weeks/months
- 4) _____ within _____ weeks/months
- 5) _____ within _____ weeks/months
- 6) _____ within _____ weeks/months
- 7) _____ within _____ weeks/months
- 8) _____ within _____ weeks/months

Family Goals

- 1) _____ within _____ weeks/months
- 2) _____ within _____ weeks/months
- 3) _____ within _____ weeks/months
- 4) _____ within _____ weeks/months
- 5) _____ within _____ weeks/months
- 6) _____ within _____ weeks/months

Social/Recreational/Leisure Goals

- 1) _____ within _____ weeks/months
- 2) _____ within _____ weeks/months
- 3) _____ within _____ weeks/months
- 4) _____ within _____ weeks/months
- 5) _____ within _____ weeks/months
- 6) _____ within _____ weeks/months

Coping/Recovery Skills. List activities or skills you enjoy that can keep your mind off of using:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Social Support. Who are the people, who don't want you to use, that you can talk to if you are thinking about using?

Consequences. How will your life change if you relapse? How about if you don't use?

When these lines are filled, use extra sheets of paper.

Outcome of Relapse	Outcome of Not Using

Relapse Triggers. My main relapse triggers are:

People - *When these lines are filled, use extra sheets of paper.*

Places - *When these lines are filled, use extra sheets of paper.*

Things - *When these lines are filled, use extra sheets of paper.*

Thought Stopping. What are your reasons for not using and continuing with treatment services? (Minimum of 10)

Increased Understanding. What have I learned so far about myself? *When these lines are filled, use extra paper.*
