**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 get your mind off of using:



5)

6)

7)

8)

9)

10)

**Social Support:** Who are the people (who don’t want you to use) 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 my reason(s) 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.***