



Recovery Checklist

Treatment requires a lot of motivation and a great deal of commitment. To get the most from treatment, it is necessary to change many old habits and replace them with new behaviors.

Check all the things you do (or have done) since entering treatment:

- | | |
|---|---|
| <input type="checkbox"/> Schedule on a daily basis | <input type="checkbox"/> Use thought stopping for cravings |
| <input type="checkbox"/> Visit a physician for a checkup | <input type="checkbox"/> Attend individual/family sessions |
| <input type="checkbox"/> Eliminate all paraphernalia | <input type="checkbox"/> Attend educational lectures |
| <input type="checkbox"/> Avoid alcohol users | <input type="checkbox"/> Attend early recovery and relapse prevention groups |
| <input type="checkbox"/> Avoid all other drug users | <input type="checkbox"/> Attend Twelve Step or other spiritual or community support meetings |
| <input type="checkbox"/> Avoid past criminal friends | <input type="checkbox"/> Get a sponsor or other sober mentors |
| <input type="checkbox"/> Avoid bars/clubs | <input type="checkbox"/> Exercise on a daily basis |
| <input type="checkbox"/> Stop using alcohol | <input type="checkbox"/> Discuss your thoughts, feelings, and behaviors promptly and honestly with your therapist |
| <input type="checkbox"/> Stop using all other drugs | <input type="checkbox"/> Avoid or limit Internet time and/or sites |
| <input type="checkbox"/> Pay financial obligations | |
| <input type="checkbox"/> Identify behaviors related to alcohol or other drug use | |
| <input type="checkbox"/> Eliminate triggering contacts from cell phones and computers | |
| <input type="checkbox"/> Avoid other triggers (when possible) | |

1. What other things are you doing for yourself that do not appear above?

RECOVERY CHECKLIST | *continued*

2. Which of the new behaviors are easiest for you to do?

3. Which of the new behaviors take the most effort for you to do?

4. Which of the behaviors on the list have you not done yet? Why not?

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