

My Recovery Plan

Name: _____ Date: _____

My Goal: _____

My Rewards for Being in Recovery: _____

Check my willingness to experience anxiety and maintain my sobriety changes: _____

I. Early Warning Symptoms:

1) _____ Strategy _____

2) _____ Strategy _____

3) _____ Strategy _____

II. The following factors can effect emotions. Check to see if any of these need to be addressed or can account for the present craving:

eating regular meals adequate sleep _____

physical illness medication compliance _____

III. Identify Triggers:

1) _____ Strategy _____

2) _____ Strategy _____

3) _____ Strategy _____

IV. When having a craving it's helpful to do the following:

get away from the trigger cool down time exercise invite a friend over

go for a walk in the day time take a shower art alone time

listen to music watch T.V. or a movie reading talk with parents

V. **CALL** the following people from your support system:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

VI. Other Crisis support numbers and services:

Medical Emergency: 911.

Relapse Crisis:

1. Call South Lane Mental Health _____