

RECOVERY ACTION PLAN

Date: _____

Personalize a realistic recovery action plan for yourself. Make sure to designate someone to keep you accountable. Give that person a copy of your plan as well.

My goals for changing my relationship with alcohol (i.e. abstinence or moderation. If moderation, what is your moderation plan? Medication?)

Meeting/Support Group schedule:

DAY	GROUP	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

ACCOUNTABILITY AND SUPPORT PERSONS:

PHYSICAL HEALTH (include medications, nutrition, exercise, medical conditions)

EMOTIONAL HEALTH (include co-occurring issues – anxiety, depression, grief, trauma and how you are going to work on them as part of your recovery)

The emotion that places me at greatest risk of drinking/over-drinking is:

When I feel _____, I will:

a)

b)

c)

EMPLOYMENT (include issues related to school, if applicable):

LEGAL ISSUES:

FAMILY RELATIONSHIPS (discuss how you will handle conflict, regaining trust, including them in your recovery, etc)

LEISURE ACTIVITIES AND SOCIAL GROWTH (include non-drinking activities you want to engage in, hobbies, plans to develop sober support system, etc)

FIRE DRILL: Five things I will do if I am wanting to drink/over-drink before I actually engage in the behavior.

1)

2)

3)

4)

5)

RELAPSE PLAN: Things I will do if I do drink/overdrink (i.e. attend support group, tell someone, etc)

1)

2)

3)

4)

5)