

Name : _____ Date : _____

Daily Recovery Check-in **WORKSHEET**

1. Daily Intention

2. The "Risk" Assessment

Identify potential challenges today (e.g., specific people, high-stress meetings, or idle time)

Potential Trigger: _____

My Plan to Handle It: _____

3. Emotional & Physical Status

How am I feeling right now? (Circle or write in)

Physical: _____

Emotional: _____

4. Support Strategy

Who can I reach out to today if I feel tempted or discouraged?

Person to call/text: _____

Meeting/Group to attend: _____

5. Accomplishment & Gratitude

List one thing you did today for your recovery, and one thing you are grateful for.

Action for Recovery: _____

Gratitude: _____