

DAILY RECOVERY CHECKLIST

NAME	DATE	
MORNING ROUTINE:	CHECK	COMMENT
WAKE UP AT A CONSISTENT TIME		
PRACTICE MINDFULNESS OR MEDITATION		
EAT A HEALTHY BREAKFAST		
REVIEW YOUR GOALS FOR THE DAY		
THERAPY AND SUPPORT	CHECK	COMMENT
ATTEND SCHEDULED THERAPY SESSIONS		
PARTICIPATE IN SUPPORT GROUP MEETINGS		
CHECK-IN WITH YOUR SPONSOR OR ACCOUNTABILITY PARTNER		
COPING STRATEGIES	CHECK	COMMENT
IDENTIFY AND AVOID TRIGGERS		
USE COPING SKILLS LEARNED IN THERAPY		
PRACTICE DEEP BREATHING OR RELAXATION EXERCISES		

HEALTHY LIFESTYLE	CHECK	COMMENT
EXERCISE FOR AT LEAST 30 MINUTES		
EAT BALANCED MEALS AND STAY HYDRATED		
GET 7-9 HOURS OF SLEEP		
EVENING ROUTINE	CHECK	COMMENT
REFLECT ON YOUR DAY AND JOURNAL YOUR THOUGHTS		
PLAN FOR THE NEXT DAY		
PRACTICE GRATITUDE AND POSITIVE AFFIRMATIONS		
WIND DOWN WITH A RELAXING ACTIVITY (E.G., READING, LISTENING TO MUSIC)		
STAY CONNECTED	CHECK	COMMENT
REACH OUT TO SUPPORTIVE FRIENDS OR FAMILY MEMBERS		
PARTICIPATE IN SOBER ACTIVITIES AND HOBBIES		
SHARE YOUR PROGRESS AND CHALLENGES WITH YOUR SUPPORT NETWORK		