

RECOVERY TOOLKIT

Practical Worksheets & Resources

By Shaun Critzer

About This Toolkit

Recovery is a daily practice, not a one-time event. This toolkit contains practical worksheets, templates, and resources to support your journey—whether you’re in early recovery, long-term sobriety, or supporting someone you love.

What’s Inside:

- Daily Check-In Worksheet
- Trigger Identification & Response Plan
- Gratitude Practice Template
- Relapse Prevention Plan
- Emergency Contact Card
- Meeting Tracker
- Sobriety Milestones Tracker
- Self-Care Checklist
- Amends Preparation Worksheet
- Recovery Goals Planner

How to Use This Toolkit:

- Print multiple copies of worksheets you’ll use regularly
- Keep your Emergency Contact Card in your wallet
- Review your Relapse Prevention Plan monthly

- Be honest—these tools only work if you're truthful with yourself
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DAILY CHECK-IN WORKSHEET

Date: _____ Days Sober: _____

Physical Health (1-10): _____

- Hours of sleep last night: _____
- Meals eaten today: Breakfast ☐ Lunch ☐ Dinner ☐
- Exercise/movement: ☐ Yes ☐ No
- If yes, what: _____
- Physical pain or discomfort: _____

Emotional Health (1-10): _____

Today I'm feeling: (check all that apply) ☐ Grateful ☐ Angry ☐ Anxious ☐ Peaceful
☐ Sad ☐ Hopeful ☐ Lonely ☐ Content
☐ Overwhelmed ☐ Energized ☐ Numb ☐ Joyful

The strongest emotion today was: _____

What triggered this emotion? _____

Spiritual Health (1-10): _____

- Did I pray/meditate today? ☐ Yes ☐ No
- Did I read recovery literature? ☐ Yes ☐ No
- Did I connect with my higher power? ☐ Yes ☐ No
- Do I feel spiritually grounded? ☐ Yes ☐ No

Recovery Actions Today:

- ☐ Attended a meeting (in-person or online)
- ☐ Called my sponsor

- ☐ Reached out to someone in recovery
- ☐ Worked on my steps
- ☐ Helped another person in recovery
- ☐ Practiced self-care
- ☐ Set healthy boundaries
- ☐ Other: _____

Cravings/Urges:

Did I experience cravings today? ☐ Yes ☐ No

If yes:

- Intensity (1-10): _____
- Duration: _____
- What triggered it: _____
- How I responded: _____
- Did I use? ☐ Yes ☐ No

Gratitude:

Three things I'm grateful for today:

1. _____
2. _____
3. _____

Challenges:

The hardest part of today was:

How I handled it:

Wins:

One thing I did well today:

Tomorrow's Intentions:

Tomorrow I will:

1. _____
2. _____
3. _____

Notes/Reflections:

TRIGGER IDENTIFICATION & RESPONSE PLAN

What is a trigger? A trigger is any person, place, thing, emotion, or situation that creates a craving or urge to use. Identifying your triggers and planning responses in advance is essential to staying sober.

My Triggers:

PEOPLE: (Ex: drinking buddies, toxic family members, ex-partners)

1. _____
2. _____
3. _____

PLACES: (Ex: bars, liquor stores, old neighborhoods, certain friend's houses)

1. _____
2. _____
3. _____

THINGS: (Ex: alcohol ads, drug paraphernalia, certain music, old photos)

1. _____
2. _____
3. _____

EMOTIONS: (Ex: anger, loneliness, boredom, anxiety, shame, celebration)

1. _____
2. _____
3. _____

SITUATIONS: (Ex: holidays, family gatherings, work stress, financial problems, relationship conflict)

1. _____
2. _____
3. _____

TIMES: (Ex: Friday nights, after work, weekends, anniversaries of traumatic events)

1. _____
2. _____
3. _____

My Response Plan:

When I encounter a trigger, I will:

1. **PAUSE:** Stop and acknowledge what I'm feeling without judgment.

2. **NAME**

IT:

Say out loud or write down: "I'm being triggered by _____"

3. **REACH OUT:** Call or text (in order of preference):

- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____

4. **REMOVE MYSELF:** If possible, physically leave the triggering situation.
5. **USE MY TOOLS:** (check the tools that work best for you) ☐ Call my sponsor
- ☐ Go to a meeting
 - ☐ Pray/meditate
 - ☐ Read recovery literature
 - ☐ Exercise/walk
 - ☐ Journal
 - ☐ Play the tape forward (imagine the consequences of using)
 - ☐ Practice deep breathing
 - ☐ Take a cold shower
 - ☐ Listen to recovery podcasts
 - ☐ Other: _____

Specific Trigger Plans:

Trigger: _____

Why this triggers me: _____

My action plan:

People who can help: _____

Trigger: _____

Why this triggers me: _____

My action plan:

People who can help: _____

Trigger: _____

Why this triggers me: _____

My action plan:

People who can help: _____

GRATITUDE PRACTICE TEMPLATE

Why Gratitude Matters: Research shows that practicing gratitude rewires the brain, reduces depression and anxiety, and supports long-term recovery. When we focus on what we have instead of what we've lost, we create space for healing.

How to Use This Template:

- Complete daily (morning or evening)
 - Be specific (not just “my family” but “my daughter’s laugh”)
 - Include small things (hot coffee, clean sheets, a parking spot)
 - Reread when you’re struggling
-

Week of: _____

Monday

1. _____
2. _____
3. _____

Tuesday

1. _____
2. _____
3. _____

Wednesday

1. _____
2. _____
3. _____

Thursday

1. _____
2. _____
3. _____

Friday

1. _____
2. _____
3. _____

Saturday

1. _____
2. _____
3. _____

Sunday

1. _____
2. _____
3. _____

This week's biggest blessing:

Someone I'm grateful for and why:

RELAPSE PREVENTION PLAN

Important: Having a relapse prevention plan doesn't mean you're planning to relapse. It means you're being realistic about the challenges of recovery and preparing to handle them.

My Sobriety Date: _____

Why I Got Sober:

(Be brutally honest. What were the consequences of your addiction?)

What I' ll Lose If I Relapse:

1. _____
2. _____
3. _____
4. _____
5. _____

My Biggest Relapse Risks:

(Situations, emotions, or circumstances that make me most vulnerable)

1. _____
2. _____
3. _____

Warning Signs I' m Headed Toward Relapse:

(Behaviors that indicate I' m slipping—skipping meetings, isolating, dishonesty, etc.)

- ☐ Skipping meetings
- ☐ Not calling my sponsor
- ☐ Isolating from support system
- ☐ Romanticizing my using days
- ☐ Hanging around old people/places
- ☐ Lying or being dishonest
- ☐ Neglecting self-care
- ☐ Stopping medication (if prescribed)
- ☐ Overworking/over-committing

- ☐ Relationship drama
- ☐ Financial stress
- ☐ Other: _____

My Recovery Non-Negotiables:

(Things I MUST do to stay sober—no excuses)

1. _____
2. _____
3. _____
4. _____
5. _____

My Support Team:

Sponsor:

Name: _____ Phone: _____

Accountability Partner:

Name: _____ Phone: _____

Therapist/Counselor:

Name: _____ Phone: _____

Doctor/Psychiatrist:

Name: _____ Phone: _____

Trusted Friend/Family:

Name: _____ Phone: _____

Home Group Meeting:

Location: _____

Day/Time: _____

Emergency Contacts:

988 Suicide & Crisis Lifeline: 988

SAMHSA National Helpline: 1-800-662-4357

Crisis Text Line: Text HOME to 741741

Local Crisis Line: _____

Local Detox/Treatment Center: _____

If I Relapse:

I will NOT: ☐ Keep it a secret

☐ Beat myself up

☐ Give up on recovery

☐ Isolate

☐ Make excuses

I WILL: ☐ Tell my sponsor immediately

☐ Go to a meeting

☐ Be honest about what happened

☐ Seek medical help if needed

☐ Recommit to my recovery

☐ Learn from the relapse

☐ Forgive myself and start again

My Recovery Vision:

In 1 year, if I stay sober, my life will look like:

In 5 years, if I stay sober, my life will look like:

The person I' m becoming in recovery is:

EMERGENCY CONTACT CARD

(Print and keep in your wallet)

IF I' M STRUGGLING:

Call my sponsor:

Name: _____

Phone: _____

Call my accountability partner:

Name: _____

Phone: _____

Go to my home group:

Location: _____

Day/Time: _____

IF I' M IN CRISIS:**988 Suicide & Crisis Lifeline:** 988**SAMHSA National Helpline:** 1-800-662-4357**Crisis Text Line:** Text HOME to 741741

MY WHY:

(Write one sentence reminding you why you got sober)

DAYS SOBER: _____

MEETING TRACKER

Why Track Meetings? In early recovery, attending 90 meetings in 90 days is a common recommendation. Tracking helps you stay accountable and see your progress.

Date	Meeting Name/Location	Type (AA/NA/SMART)	Speaker/Topic	Did I Share?	Notes
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total meetings this month: _____

Favorite meeting: _____

Why: _____

SOBRIETY MILESTONES TRACKER

Celebrate your progress! Recovery is built one day at a time. Each milestone matters.

Milestone	Date Achieved	How I Celebrated	Who Was There	Reflections
24 Hours				
1 Week				
30 Days				
60 Days				
90 Days				
6 Months				
9 Months				
1 Year				
18 Months				
2 Years				
3 Years				
5 Years				
10 Years				

My sobriety birthday: _____

How I'll celebrate each year:

SELF-CARE CHECKLIST

Recovery isn't just about NOT using—it's about building a life worth living. Self-care is essential, not selfish.

Daily Self-Care:

- ☐ 7-9 hours of sleep
- ☐ Three meals
- ☐ Hydration (8 glasses of water)

- ☐ Shower/hygiene
- ☐ Movement/exercise
- ☐ Medication (if prescribed)
- ☐ Prayer/meditation
- ☐ Gratitude practice
- ☐ Connection with another person

Weekly Self-Care:

- ☐ Attend at least 3 meetings
- ☐ Call my sponsor
- ☐ Work on my steps
- ☐ Therapy appointment (if applicable)
- ☐ One fun/joyful activity
- ☐ Time in nature
- ☐ Creative expression (art, music, writing)
- ☐ Service work (help another person)

Monthly Self-Care:

- ☐ Review my relapse prevention plan
- ☐ Check in with my doctor
- ☐ Celebrate my sobriety milestone
- ☐ Do something that scares me (healthy risk)
- ☐ Learn something new
- ☐ Give back to my recovery community

Self-Care Ideas:

Physical:

- Walk/run/hike
- Yoga or stretching
- Dance
- Sports
- Massage
- Hot bath

- Cook a healthy meal

Emotional:

- Journal
- Cry
- Laugh (comedy show, funny movie)
- Talk to a friend
- Therapy
- Art/music
- Pet therapy

Spiritual:

- Meditation
- Prayer
- Nature
- Service
- Gratitude practice
- Read inspirational literature
- Attend a spiritual gathering

Social:

- Coffee with a friend
 - Meeting
 - Family time
 - Volunteer
 - Join a club/group
 - Reach out to someone struggling
-

AMENDS PREPARATION WORKSHEET

Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all.

Step 9: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Important: Work with your sponsor before making amends. Some amends require careful planning, and some should not be made at all if they would cause more harm.

Person I Harmed: _____

What I did:

How it affected them:

My part (what I'm responsible for):

Their part (if any—but focus on YOUR actions):

Type of amends needed: ☐ Direct (face-to-face conversation)

☐ Indirect (letter, email, phone)

☐ Living amends (changed behavior over time)

☐ Financial restitution

☐ No contact (would cause more harm)

What I will say:

What I hope will happen:

What I'll do if they don't accept my amends:

Date completed: _____

Outcome:

RECOVERY GOALS PLANNER

Short-Term Goals (30-90 days):

1. _____
2. _____
3. _____

Medium-Term Goals (6-12 months):

1. _____
2. _____
3. _____

Long-Term Goals (1-5 years):

1. _____
2. _____
3. _____

Goal Breakdown:

Goal: _____

Why this matters to me:

Steps to achieve it:

1. _____
2. _____
3. _____

Obstacles I might face:

How I' ll overcome them:

Support I need:

Deadline: _____

Progress check-ins:

- Date: _____ Status: _____
 - Date: _____ Status: _____
 - Date: _____ Status: _____
-

ADDITIONAL RESOURCES

National Helplines:

- **988 Suicide & Crisis Lifeline:** 988
- **SAMHSA National Helpline:** 1-800-662-HELP (4357)
- **Crisis Text Line:** Text HOME to 741741
- **RAINN Sexual Assault Hotline:** 1-800-656-HOPE (4673)

Recovery Organizations:

- **Alcoholics Anonymous:** aa.org
- **Narcotics Anonymous:** na.org
- **SMART Recovery:** smartrecovery.org
- **Celebrate Recovery:** celebraterecovery.com
- **Al-Anon (for families):** al-anon.org
- **Nar-Anon (for families):** nar-anon.org

Find Treatment:

- **SAMHSA Treatment Locator:** findtreatment.gov

- **Psychology Today Therapist Finder:** psychologytoday.com

Recovery Apps:

- **I Am Sober:** Track sobriety, connect with community
- **Sober Grid:** Social network for recovery
- **Nomo:** Sobriety clock and accountability
- **Meeting Guide:** Find AA meetings near you

Recovery Podcasts:

- *Recovery Elevator*
- *The Bubble Hour*
- *Dopey*
- *HOME Podcast*
- *Recovery Happy Hour*

Recovery Books:

- *Alcoholics Anonymous* (The Big Book)
- *Narcotics Anonymous* (The Basic Text)
- *The Body Keeps the Score* by Bessel van der Kolk
- *In the Realm of Hungry Ghosts* by Gabor Maté
- *Unbroken Brain* by Maia Szalavitz
- *Crooked Lines: Bent, Not Broken* by Shaun Critzer

ABOUT THE AUTHOR

Shaun Critzer is a recovery advocate, speaker, and author living in Charlottesville, Virginia. He is 13+ years sober and passionate about helping others find hope in their own recovery journeys.

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You are not alone. Recovery is possible. One day at a time.