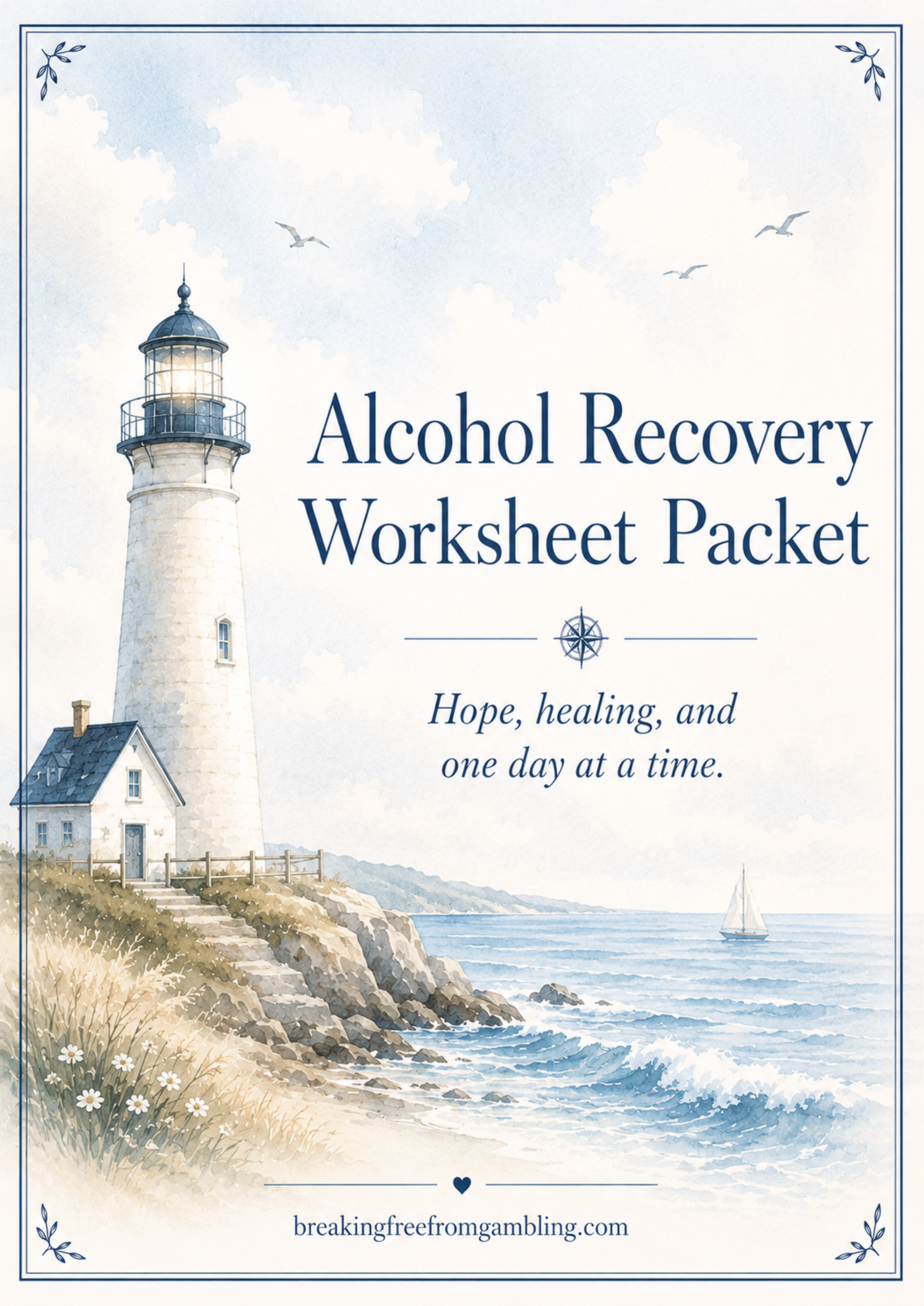




Alcohol Recovery Worksheet Packet



*Hope, healing, and
one day at a time.*



breakingfreefromgambling.com

Alcohol Trigger Tracker

Awareness helps me make better choices.

Date: _____ Today's Focus: _____ My Recovery Goal: _____

1. My Alcohol Triggers

☐ stress or anxiety

☐ anger

☐ sadness

☐ loneliness

☐ boredom

☐ celebrations

☐ arguments

☐ being around alcohol

☐ bars or restaurants

☐ certain people

☐ weekends

☐ payday

☐ after work

☐ feeling ashamed

☐ Other: _____

☐ Other: _____

2. How These Triggers Affect Me

1. _____

2. _____

3. _____

4. _____

5. _____

3. High-Risk Situations

Situation	Trigger(s)	Risk Level (1-5)	What Usually Happens?

4. Warning Signs

1. _____

2. _____

3. _____

4. _____

5. _____

5. Healthy Responses

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

6. My Plan When Triggered

1. _____

2. _____

3. _____

4. _____

5. _____

*I am stronger than the urge.
I choose recovery—one
choice at a time.*

Awareness today. Strength tomorrow. *Freedom always.*

Daily Urge Log

Notice the urge. Slow down. Choose recovery.



Date: _____

Today's Goal: _____

Support Person: _____

Urge Tracker

Time	Where I Was	What Happened	Urge Level (1-10)	What I Did Instead	Outcome



Physical Feelings I Noticed

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



Thoughts Going Through My Mind

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



What Helped Me Most

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

If the Urge Gets Strong

☐ Call my support person

☐ Leave the area

☐ Drink water and breathe

☐ Go for a walk

☐ Attend a meeting

☐ Journal instead

An urge is temporary. Recovery is possible.

Relapse Prevention Plan

Prepare my response before the urge arrives.

Date: _____

Why My Recovery Matters: _____

1. My Top Triggers

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

2. My Warning Signs

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

3. Healthy Coping Tools

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4. People I Will Contact

Name	Phone/Email	When I Will Reach Out

5. Places or Situations I Need to Avoid

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

6. If I Have a Slip or Lapse, I Will:

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

7. My Recovery Reminders

“ _____ ”

_____ ”

- _____
- _____
- _____
- _____
- _____

8. My Commitment

_____ ♥ _____

I choose recovery today and every day.

*I will use this plan, reach out for support,
and take one step at a time.*

My future is worth it.

Signature: _____

Date: _____

_____ ♥ _____
Prepared, supported, and moving forward.



Daily Recovery Planner

One day at a time. One choice at a time.



Date: _____

My Intention Today: _____

Today's Encouragement: _____

My Top 3 Priorities Today

- 1 _____
- 2 _____
- 3 _____

Trigger Watch

- | | |
|---|---------------------------------------|
| ☐ being around alcohol | ☐ celebrations |
| ☐ boredom | ☐ conflict |
| ☐ stress | ☐ after work |
| ☐ loneliness | ☐ Other: _____ |

Healthy Actions I Will Take Today

- | | |
|---|--|
| ☐ Attend a meeting | ☐ Self-care |
| ☐ Call support | ☐ Gratitude |
| ☐ Journal | ☐ Prayer/Meditation |
| ☐ Exercise or walk | ☐ Other: _____ |
| ☐ Drink water | |

People I Will Check In With

- _____
- _____
- _____

If I Feel an Urge, I Will

- 1 _____
- 2 _____
- 3 _____
- 4 _____

What I Am Grateful For

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Evening Reflection

What went well today?

What do I need tomorrow?

My Recovery Win Today

Small choices today. Bigger freedom tomorrow.

What Alcohol Has Cost Me

Honesty helps me heal.



Date: _____ Today's Reflection: _____

⚓ Money It Has Cost Me

⚓ Time It Has Cost Me

⚓ Relationships It Has Hurt

⚓ How It Has Affected My
Peace, Health, or Self-Esteem

What Recovery Can Give Back

Clear Mind: _____

Trust: _____

Time: _____

Peace: _____

Hope: _____

My Strongest Reason to Change



Facing the truth is the first step toward freedom.

Support Team & Emergency Contacts

You do not have to do this alone.



Date: _____ My Main Support Goal: _____

1. People I Can Reach Out To

Name	Relationship/Role	Phone/Email	Best Time to Contact	How They Help
1.				
2.				
3.				
4.				
5.				

2. Emergency Contacts

Crisis Hotline: _____

Counselor or Therapist: _____

Sponsor or Mentor: _____

Family Member: _____

Trusted Friend: _____

Local Emergency Number: _____



*Reaching out
is strength.*

3. Meetings & Recovery Resources

Name of Meeting/Resource: _____ When: _____ Contact/Website: _____

Name of Meeting/Resource: _____ When: _____ Contact/Website: _____

Name of Meeting/Resource: _____ When: _____ Contact/Website: _____

Name of Meeting/Resource: _____ When: _____ Contact/Website: _____

4. My Safe Places

- _____
- _____
- _____
- _____

5. When I Need Help, I Will

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



Support is available. Hope is real.

Recovery Goals & Milestone Tracker

Celebrate progress. Keep moving forward.



Recovery Start Date: _____ Today's Date: _____

My Main Recovery Goal: _____

1. Why I Want Recovery

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

2. My Milestones

Milestone	Date Achieved	Reflection
☐ 24 hours		
☐ 3 days		
☐ 1 week		
☐ 2 weeks		
☐ 30 days		
☐ 60 days		
☐ 90 days		
☐ 6 months		
☐ 1 year		

3. Wins I Want to Celebrate

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

4. Healthy Rewards

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

5. What I Am Learning About Myself

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

6. My Next Step

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

Signature: _____

Date: _____



Every sober day matters.

Craving Emergency Action Plan

What I will do when the urge feels strong.

Date: _____

Today's Focus: _____

My Recovery Goal: _____

1. My Early Warning Signs

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

2. What Usually Triggers Me

- ☐ stress
- ☐ anger
- ☐ loneliness
- ☐ boredom
- ☐ being around alcohol
- ☐ special occasions
- ☐ conflict
- ☐ shame or guilt
- ☐ Other: _____
- ☐ Other: _____

3. My Emergency Steps

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

4. People I Will Contact Right Away

Name	Phone/Email	How They Help

5. Safe Things I Can Do Instead

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

6. My Reminder

*The urge will pass.
I can pause, ask for help, and choose recovery.*



Pause. Reach out. Stay safe. *Keep going.*

My Alcohol-Free Safety Plan

Protect my recovery in everyday life.



Date: _____ Today's Focus: _____ My Recovery Goal: _____

1. Places, People, or Events I Need to Be Careful With

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

2. Boundaries I Will Keep

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

3. Drinks or Activities I Can Choose Instead

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

4. People Who Can Support Me

Name	How They Help	Phone/Email

5. My Agreements

- ☐ I will leave if I feel unsafe.
- ☐ I will not keep alcohol in my home.
- ☐ I will ask for help before I isolate.
- ☐ I will follow my recovery plan when I feel tempted.

Signature

Date

6. When I Feel the Urge, I Will:

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

My future is worth protecting.

Protect your recovery. Protect your future.