

# Gambling Recovery Worksheet Packet



*Printable tools for  
healing, hope, and recovery.*



*One decision can change your life. Make today **Day One.***



# Trigger Tracker

*Awareness helps me make better choices.*



Date: \_\_\_\_\_

Today's Focus: \_\_\_\_\_

My Recovery Goal: \_\_\_\_\_

## 1. My Gambling Triggers

*Check all that apply.*

- |                                                |                                                   |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> payday or extra money | <input type="checkbox"/> alcohol or substances    |
| <input type="checkbox"/> boredom               | <input type="checkbox"/> sports events            |
| <input type="checkbox"/> stress or anxiety     | <input type="checkbox"/> online ads               |
| <input type="checkbox"/> loneliness            | <input type="checkbox"/> being alone              |
| <input type="checkbox"/> anger                 | <input type="checkbox"/> easy access to money     |
| <input type="checkbox"/> sadness               | <input type="checkbox"/> casinos or gambling apps |
| <input type="checkbox"/> arguments             | <input type="checkbox"/> Other: _____             |
|                                                | <input type="checkbox"/> Other: _____             |

## 2. How These Triggers Affect Me

*List ways these triggers impact your thoughts, feelings, and actions.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## 3. High-Risk Situations

*Identify situations where you are more likely to feel triggered.*

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

## 4. Warning Signs

*Early signs I'm at risk.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## 5. Healthy Responses

*Things I can do instead.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## 6. My Plan When Triggered

*Steps I will take to stay in control.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



*I am stronger than  
the urge. I choose my  
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

- |                                                 |                                                |
|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Call my support person | <input type="checkbox"/> Breathe for 5 minutes |
| <input type="checkbox"/> Leave the area         | <input type="checkbox"/> Attend a meeting      |
| <input type="checkbox"/> Lock down money access | <input type="checkbox"/> Journal instead       |



*An urge is temporary. Recovery is possible.*



# What Gambling Has Cost Me

*Honesty helps me heal.*

Date: \_\_\_\_\_

Today's Reflection: \_\_\_\_\_



Money It Has Cost Me

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Time It Has Cost Me

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Relationships It Has Hurt

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---

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

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## What Recovery Can Give Back



Financial Freedom \_\_\_\_\_



Trust \_\_\_\_\_



Time \_\_\_\_\_



Peace \_\_\_\_\_



Hope \_\_\_\_\_

*My Strongest  
Reason to Change*

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*Facing the truth is the first step toward freedom.*



# Access-to-Money Safety Plan

*Remove the temptation. Protect your recovery.*

Date: \_\_\_\_\_ Today's Focus: \_\_\_\_\_

My Recovery Goal: \_\_\_\_\_



## 1. Where Do I Currently Have Access to Money?

- ☐ Cash in wallet or home
- ☐ Bank account
- ☐ Credit/debit cards
- ☐ Online banking or mobile apps
- ☐ Payment apps (e.g., Venmo, PayPal, Cash App)
- ☐ Loans/lines of credit
- ☐ Borrowing from family or friends
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



## 2. Which Access Points Are Risky For Me?

List up to 3 and explain why each is risky.

1. \_\_\_\_\_  
Why it's risky: \_\_\_\_\_
2. \_\_\_\_\_  
Why it's risky: \_\_\_\_\_
3. \_\_\_\_\_  
Why it's risky: \_\_\_\_\_



## 3. My Safety Strategies

| Access Point | What I Will Do | Who Will Help Me | By When |
|--------------|----------------|------------------|---------|
|              |                |                  |         |
|              |                |                  |         |
|              |                |                  |         |
|              |                |                  |         |



## 4. Who Can Help Me?

| Name | How They Will Help | Phone/Email |
|------|--------------------|-------------|
|      |                    |             |
|      |                    |             |
|      |                    |             |



## 5. My Agreements

- ☐ I will limit my access to cash.
- ☐ I will remove or limit cards.
- ☐ I will use cash only with a trusted person.
- ☐ I will ask for help before financial decisions.
- ☐ I will follow my safety plan even when I feel urges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 6. When I Feel the Urge to Get Access to Money, I Will:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



### REMEMBER

*The urge will pass.  
My recovery is worth more  
than any moment.  
I choose a better tomorrow.*



*Protect your recovery. Protect your future.*



# 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

- |                                       |                                                |
|---------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Money access | <input type="checkbox"/> Celebrations          |
| <input type="checkbox"/> Boredom      | <input type="checkbox"/> Alcohol or Substances |
| <input type="checkbox"/> Stress       | <input type="checkbox"/> Conflict              |
| <input type="checkbox"/> Loneliness   | <input type="checkbox"/> Other: _____          |

## Healthy Actions I Will Take Today

- |                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Attend a meeting   | <input type="checkbox"/> Self-care         |
| <input type="checkbox"/> Call support       | <input type="checkbox"/> Gratitude         |
| <input type="checkbox"/> Journal            | <input type="checkbox"/> Prayer/Meditation |
| <input type="checkbox"/> Exercise or walk   | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Limit money access |                                            |

## 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.*





# 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: \_\_\_\_\_

## ⚓ 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. \_\_\_\_\_



*Reaching out  
is strength.*



*Support is available. Hope is real.*





# Financial Recovery Action Plan

*Take back control one step at a time.*

Date: \_\_\_\_\_

This Month's Focus: \_\_\_\_\_

My Financial Goal: \_\_\_\_\_

## 1 Where I Am Starting

Monthly Income: \_\_\_\_\_

Monthly Expenses: \_\_\_\_\_

Total Gambling Debt: \_\_\_\_\_

Urgent Bills (past due or due soon): \_\_\_\_\_

Money in Savings: \_\_\_\_\_

Biggest Financial Concern: \_\_\_\_\_

## 2 My First Financial Steps

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## 3 Bills and Debts I Need to Address

| Bill or Debt | Amount Owed | Due Date | Next Action |
|--------------|-------------|----------|-------------|
|              |             |          |             |
|              |             |          |             |
|              |             |          |             |
|              |             |          |             |

## 4 Money Safety Actions

- ☐ Hand over credit/debit cards to a trusted person
- ☐ Limit or withdraw cash
- ☐ Freeze gambling apps on my devices
- ☐ Block gambling websites
- ☐ Ask someone to help manage my money
- ☐ Cancel or close risky accounts
- ☐ Other: \_\_\_\_\_

## 5 People or Programs That Can Help

| Name/Program | Phone/Website | What Help They Offer |
|--------------|---------------|----------------------|
|              |               |                      |
|              |               |                      |
|              |               |                      |
|              |               |                      |

## 6 This Week I Will

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



*Financial healing is recovery too.*



# 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

“ \_\_\_\_\_ ”

- *I am stronger than the urge.* \_\_\_\_\_
- *One decision can change everything.* \_\_\_\_\_
- *My future is worth protecting.* \_\_\_\_\_
- *I don't have to do this alone.* \_\_\_\_\_

## 8. My Commitment

*I choose recovery today. I will use this plan,  
reach out for support, and keep moving forward  
one day at a time.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



*Prepared, supported, and moving forward.*





# Recovery Goals & Milestone Tracker

*Celebrate progress. Keep moving forward.*

Recovery Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

My Main Recovery Goal: \_\_\_\_\_



## 1. Why I Want Recovery

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. My Milestones

| Milestone                         | Date Achieved | Reflection |
|-----------------------------------|---------------|------------|
| <input type="checkbox"/> 24 hours | _____         | _____      |
| <input type="checkbox"/> 3 days   | _____         | _____      |
| <input type="checkbox"/> 1 week   | _____         | _____      |
| <input type="checkbox"/> 2 weeks  | _____         | _____      |
| <input type="checkbox"/> 30 days  | _____         | _____      |
| <input type="checkbox"/> 60 days  | _____         | _____      |
| <input type="checkbox"/> 90 days  | _____         | _____      |
| <input type="checkbox"/> 6 months | _____         | _____      |
| <input type="checkbox"/> 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 day free from gambling matters.*