BREAKING FREE. BUILDING A BETTER LIFE.

SEXUAL ADDICTION *Recovery* WORKSHEET PACKET

These worksheets are designed to support healing, accountability, and lasting change. Use them to reflect, plan, and grow stronger each day.

INCLUDES:

1. My Recovery Plan
2. Triggers & High Risk Situations
3. Urge Log
4. Thought Record
5. Emotions Check-In
6. Daily Recovery Planner
7. Relapse Prevention Plan
8. Healthy Coping Skills
9. Accountability Worksheet
10. My Values & Goals
11. Shame vs. Guilt Reflection
12. Rebuilding Trust
13. Forgiveness Worksheet
14. Boundaries Worksheet
15. Support System Worksheet
16. Progress Reflection
17. 30, 60, 90 Day Plan
18. Motivational Affirmations
19. Notes Page

You are not alone. Recovery is possible.

ONE DAY • ONE CHOICE • ONE STEP AT A TIME

1.

MY RECOVERY PLAN

My Commitment to Change

Recovery starts with a decision. This plan is a roadmap for your healing and a commitment to the life you want to build.

Why I Want to Recover

List the top reasons why you want to be free from sexual addiction.

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

The Life I Want to Build

Describe the kind of life you want to create for yourself.

_____

_____

_____

_____

My Commitment Statement

Write a personal statement of commitment to your recovery.

_____

_____

_____

_____

My First Steps

What are 3 actions you can take today to support your recovery?

1. _____
2. _____
3. _____

I Will Remind Myself

List encouraging truths or promises you will remind yourself daily.

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

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

2.

TRIGGERS & HIGH RISK SITUATIONS

Awareness is Power

Identifying what triggers you and the situations that put you at risk helps you make better choices and stay in control.

My Top Triggers

List the people, situations, emotions, thoughts, or behaviors that trigger the urge to act out.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

High Risk Sitaations

Identify situations where you are more likely to struggle. Plan how you will handle or avoid them.

High Risk Situation	Why It's Risky	How I Will Handle It	Who Can Support Me?

Emotional Triggers

What emotions do you experience before you feel the urge to act out?

- _____
- _____
- _____
- _____
- _____

My Warning Signs

What are early signs that I may be heading toward relapse?

- _____
- _____
- _____
- _____
- _____

Reminder

I may not be able to control every trigger, but I can control how I respond.

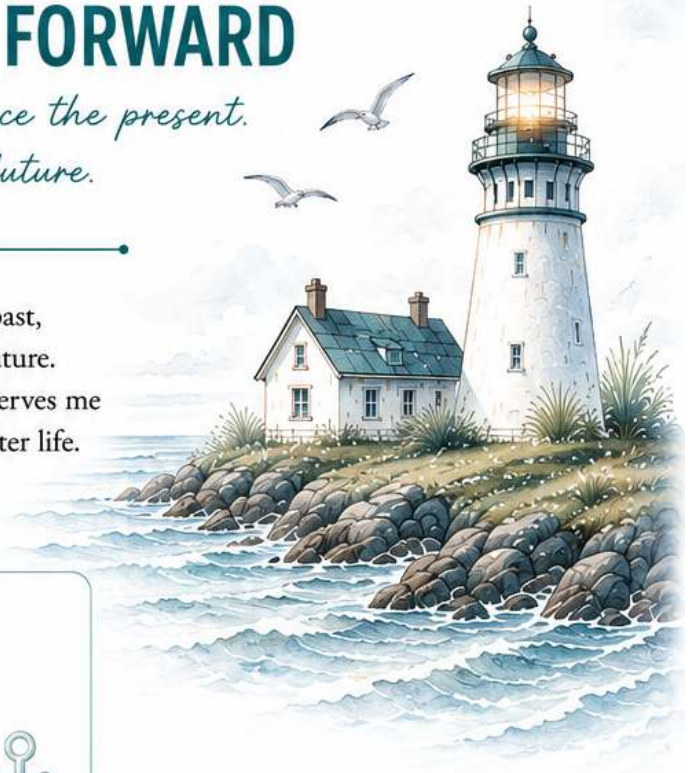
I choose recovery.
I choose freedom.
I choose a better life.

"You can't always control what happens, but you can control how you respond."

16.

LET GO & MOVE FORWARD

Release the past. Embrace the present.
Step into your future.



I cannot change the past,
but I can choose my future.
I let go of what no longer serves me
and make room for a better life.

Date: _____

Today I let go of: _____

1. WHAT I AM READY TO LET GO OF

List things, habits, or thoughts that hold me back.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

2. WHAT I CHOOSE INSTEAD

What positive choices will I make for my future?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. STEPS TOWARD A BETTER FUTURE

What steps can I take today to move forward?

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

4. WHAT I LOOK FORWARD TO

What are 3–5 things I am excited for in my future?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

5. REMINDER TO MYSELF

Write a kind and encouraging reminder to yourself.

_____
_____
_____

AFFIRMATION

♥

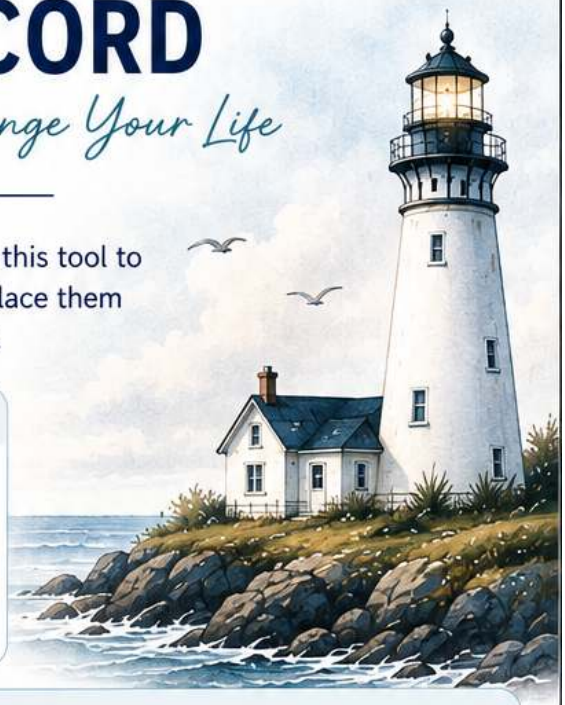
I release what
holds me back.
I embrace what
moves me forward.
I choose a brighter tomorrow.

♡

RELEASE ♥ GROW ♥ HEAL ♥ HOPE ♥ FREEDOM

4. THOUGHT RECORD

Change Your Thinking, Change Your Life



Our thoughts affect our feelings and actions. Use this tool to challenge negative or unhelpful thoughts and replace them with healthier, more empowering ones.

1. SITUATION

What happened? Where were you? Who were you with?

_____

_____

_____

2. AUTOMATIC THOUGHTS

What went through your mind?

_____

_____

_____

_____

3. FEELINGS

What emotions did you feel? Rate the intensity (1 = mild, 10 = intense)

Anxiety	1	2	3	4	5	6	7	8	9	10
Shame	1	2	3	4	5	6	7	8	9	10
Guilt	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Loneliness	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10

4. EVIDENCE FOR THE THOUGHT

What facts support this thought?

_____

_____

_____

_____

5. EVIDENCE AGAINST THE THOUGHT

What facts do not support this thought?

_____

_____

_____

_____

6. BALANCED THOUGHT

What is a more realistic, helpful, and encouraging thought?

_____

_____

_____

_____

7. NEW FEELINGS & INTENSITY

After challenging my thought, how do I feel now? Rate the intensity again (1 = mild, 10 = intense)

Anxiety	1	2	3	4	5	6	7	8	9	10
Shame	1	2	3	4	5	6	7	8	9	10
Guilt	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Loneliness	1	2	3	4	5	6	7	8	9	10
Other: _____	1	2	3	4	5	6	7	8	9	10

8. REFLECTION

What did I learn from this situation? What will I do differently next time?

_____

_____

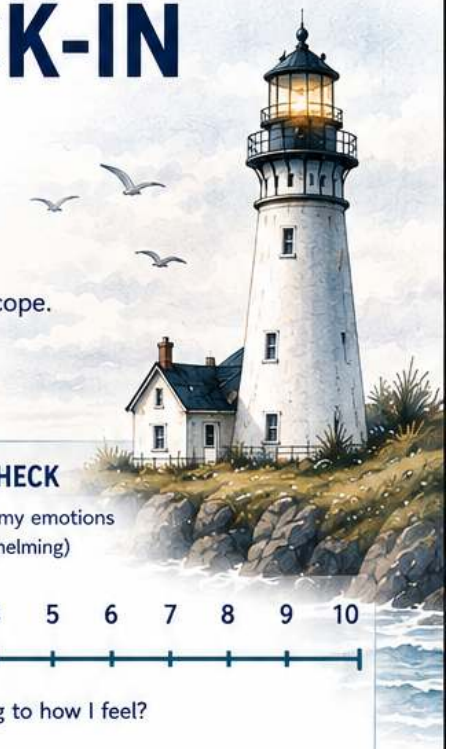
_____

AWARENESS • CHOICE • GROWTH • FREEDOM

5.

EMOTIONS CHECK-IN

Name It. Feel It. Heal It.



Emotions are not the enemy. Avoiding them is.
This check-in helps you become aware, accept, and choose healthy ways to cope.

Date: _____ Time: _____

1. WHAT AM I FEELING RIGHT NOW?

Check all that apply.

- ☐ Anxious
- ☐ Guilty
- ☐ Bored
- ☐ Sad
- ☐ Stressed
- ☐ Helpless
- ☐ Angry
- ☐ Overwhelmed
- ☐ Hopeful
- ☐ Lonely
- ☐ Frustrated
- ☐ Peaceful
- ☐ Shame
- ☐ Tired
- ☐ Other: _____

Other emotions I'm feeling: _____

2. INTENSITY CHECK

Rate the intensity of my emotions
(1 = mild, 10 = overwhelming)

1 2 3 4 5 6 7 8 9 10

What is contributing to how I feel?

_____

_____

_____

3. WHAT'S UNDERNEATH MY EMOTIONS?

What needs, fears, or unmet expectations might be causing how I feel?

_____

_____

4. HOW I USUALLY RESPOND

How do I typically cope with these emotions?

- ☐ Act out / Urge to act out
- ☐ Isolate / Withdraw
- ☐ Use / Escape
- ☐ Overeat
- ☐ Other unhealthy behavior: _____
- ☐ Healthy coping
- ☐ Talk to someone
- ☐ Other: _____

5. HEALTHY COPING CHOICES

What are some healthy ways I can cope right now?

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

6. MY EMOTIONS ACTION PLAN

Plan ahead to respond, not react.

Emotion	Trigger / Cause	Healthy Coping Skill	Who Can Support Me?	Reminder to Myself

AFFIRMATION

I honor my emotions, make healthy choices, and choose recovery every day.

AWARENESS • ACCEPTANCE • ACTION • FREEDOM

6. BOUNDARIES & SAFETY PLAN

Protect My Recovery

Recovery is a daily choice. Boundaries help me create a safe space to heal, grow, and build the life I want. This plan is my commitment to protecting my mind, my body, and my future.

1 MY RISKY SITUATIONS

List situations, places, websites, apps, or times that put my recovery at risk.

_____

_____

_____

_____

_____

_____

_____

2 MY BOUNDARIES

Check the boundaries I want to set and write my plan.

- ☐ Boundaries around devices _____
- ☐ Boundaries around being alone _____
- ☐ Boundaries around media (TV, movies, music, etc.) _____
- ☐ Boundaries around relationships _____
- ☐ Boundaries around spending time _____
- ☐ Boundaries around late nights _____
- ☐ Boundaries around secrecy _____
- ☐ Other: _____

3 DIGITAL SAFETY STEPS

List the devices or apps I use and the changes I will make to keep my recovery safe.

Device / App	What I Will Change	Who Will Help Me	By When

4 PEOPLE I CAN CONTACT INSTEAD

When I feel the urge, I will reach out instead.

Name	Phone / Text	How They Help

5 WHAT I WILL DO IF I FEEL TRIGGERED

My plan when I feel the urge or temptation.

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

6 MY COMMITMENT

I choose recovery. I will follow this plan and protect the life I am building.

Signature: _____ Date: _____

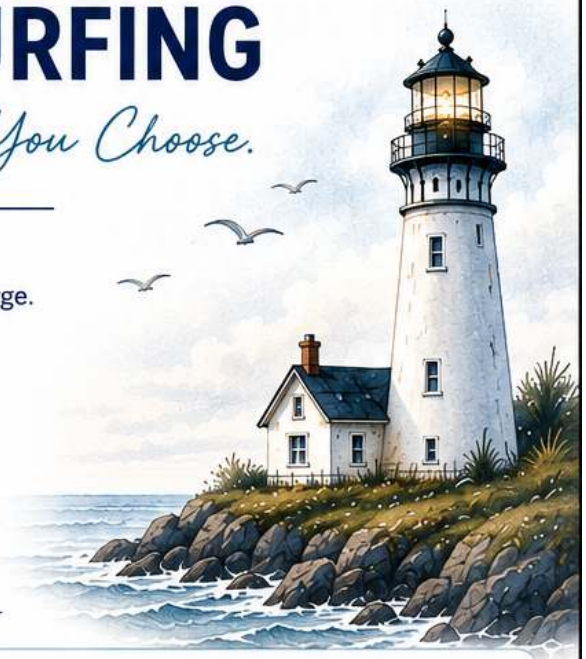
Boundaries are not punishment.
They are protection. ♡

"Protect your peace. Protect your future. Choose recovery today."

6.

CRAVING SURFING

Urges Rise. Urges Fall. You Choose.



Cravings are like waves. They build, peak, and eventually pass. You don't have to act on every urge. You just have to ride it out.

HOW TO USE THIS TOOL

- When you feel an urge, pause and use this worksheet.
- Observe your urge like a wave. Don't fight it. Don't feed it.
- Breathe, ride it out, and watch it pass.

Date: _____ Time: _____

1. WHAT TRIGGERED THE CRAVING?

What happened right before the urge?

_____

_____

_____

2. RATE YOUR URGE

Rate the intensity of your craving (1 = mild, 10 = overwhelming)

1 2 3 4 5 6 7 8 9 10

Mild Moderate Overwhelming

3. WHAT AM I THINKING?

What thoughts are going through my mind right now?

_____

_____

_____

4. WHAT AM I FEELING?

What emotions am I experiencing?

_____

_____

_____

5. WHAT DOES MY BODY FEEL LIKE?

Where do I feel the urge in my body?
What physical sensations do I notice?

_____

_____

6. SURF THE WAVE

Use one or more of these to ride out the urge.

- ☐ Take slow, deep breaths
- ☐ Drink water
- ☐ Read or write
- ☐ Distract with a healthy activity
- ☐ Go for a walk / move my body
- ☐ Listen to music
- ☐ Pray / meditate
- ☐ Remind myself why I'm choosing recovery
- ☐ Call or text a support person
- ☐ Do a grounding exercise
- ☐ Take a cold shower
- ☐ Other: _____

7. AFTER THE WAVE

After using my coping skill(s), I rate my urge now:

1 2 3 4 5 6 7 8 9 10

Mild Moderate Overwhelming

8. WHAT DID I LEARN?

What can I remind myself next time an urge shows up?

_____

_____

AFFIRMATION

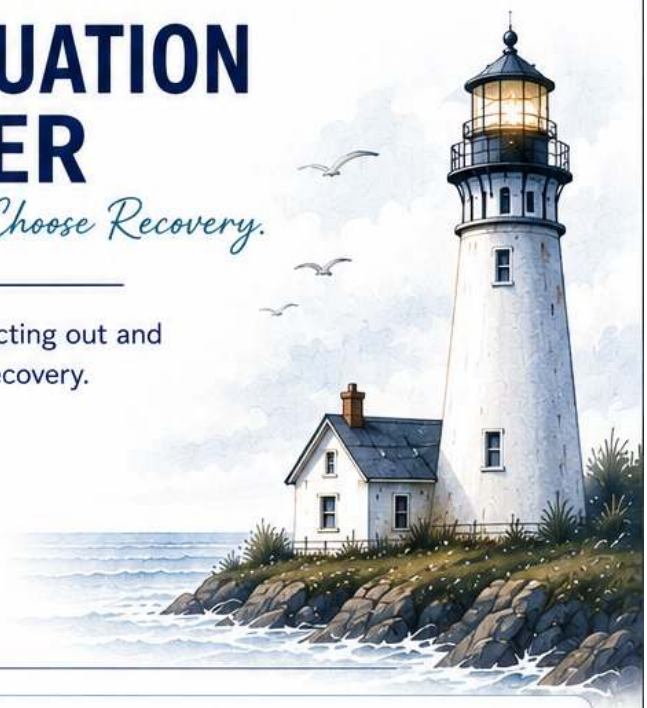
I can ride this wave. This feeling will pass. I choose recovery. ♡

AWARENESS • CHOICE • COURAGE • FREEDOM

7.

HIGH RISK SITUATION PLANNER

Plan Ahead. Stay Strong. Choose Recovery.



Being prepared helps you avoid acting out and builds confidence in your recovery.

HOW TO USE THIS SHEET

- Identify situations that put you at risk.
- Plan how you will handle them before they happen.
- Keep this sheet with you and review it often.

Date: _____ Today I choose: _____

1. MY HIGH RISK SITUATIONS

High Risk Situation	What Triggers Me	Why It's Risky	How I Will Handle It	Who Can Support Me
1.				
2.				
3.				
4.				
5.				

2. WARNING SIGNS

What are early signs that I may be heading toward a high risk situation?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. WHAT CAN I DO INSTEAD?

List healthy, productive things I can do instead of acting out.

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

4. REFLECTION

How can planning ahead help me protect my recovery?

_____

_____

_____

A plan today can protect my freedom tomorrow. ♡

Reminder

I can't control every situation, but I can control how I prepare and how I respond.

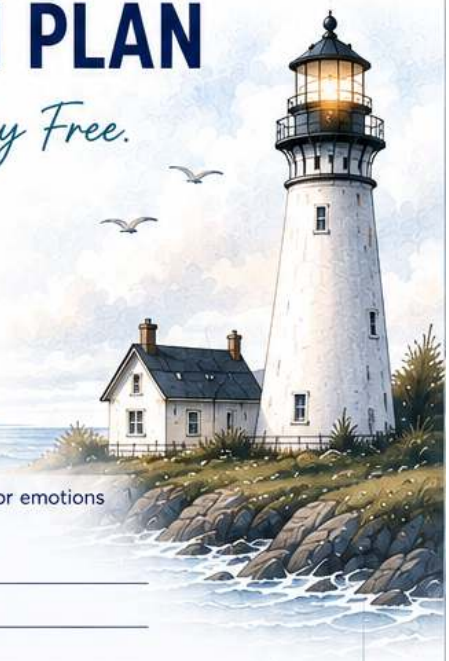
♥

I choose awareness.
I choose preparation.
I choose recovery.

AWARENESS ♥ PREPARATION ♥ CHOICE ♥ FREEDOM

8. RELAPSE PREVENTION PLAN

Plan Today. Protect Tomorrow. Stay Free.



Recovery is a daily choice. This plan will help me recognize risks, use my tools, and get help when I need it.

Date: _____ Review Date: _____

1. MY WARNING SIGNS

These are signs that I may be at risk of acting out.

- _____
- _____
- _____
- _____
- _____
- _____

2. MY TRIGGERS

These things, people, places, or emotions can increase my risk.

- _____
- _____
- _____
- _____
- _____
- _____

3. MY RECOVERY TOOLS

Healthy coping skills I can use.

- ☐ Deep breathing / Meditation _____
- ☐ Exercise / Physical activity _____
- ☐ Talk to someone _____
- ☐ Prayer / Spiritual connection _____
- ☐ Write in my journal _____
- ☐ Urge surfing (ride the wave) _____
- ☐ Use positive affirmations _____
- ☐ Take a time-out _____
- ☐ Do something I enjoy _____
- ☐ Other: _____
- ☐ Other: _____

4. MY SUPPORT TEAM

People I can reach out to when I need help.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

5. EMERGENCY PLAN

If I feel I may act out, I will:

1. _____
2. _____
3. _____

If I am in crisis, I will call:

Crisis Line: _____

Other Help: _____

6. MY COMMITMENT TO RECOVERY

I choose recovery. I choose freedom. I choose a better life.
I will use my plan and reach out for help when I need it.
I am worth the effort.

Signature: _____

Date: _____

7. REFLECTION

What can I do daily to stay strong in my recovery?

_____

_____

_____

Small daily choices lead to lasting freedom.

AFFIRMATION

I have a plan. I have support.
I have faith. I choose recovery.

AWARENESS ♥ PREVENTION ♥ STRENGTH ♥ FREEDOM

9.

NEW HABITS BUILDER

Small Steps. Consistent Choices. Lasting Change.

Recovery grows when I build healthy habits that support my mind, body, and spirit.

1. WHY NEW HABITS MATTER

Why is it important for me to build new, healthy habits in recovery?

2. HABITS I WANT TO BUILD

List 3–5 healthy habits that will support my recovery.

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

3. MY ACTION PLAN

Break each habit into small, doable steps.

Habit	My First Small Step
1.	
2.	
3.	
4.	
5.	

4. WHEN WILL I DO IT?

Plan a realistic time and reminder.

Habit 1: _____

Habit 2: _____

Habit 3: _____

Habit 4: _____

Habit 5: _____

5. WHAT MIGHT GET IN MY WAY?

What challenges or triggers might make this hard?

6. HOW WILL I OVERCOME IT?

What can I do to stay focused and keep going?

7. WEEKLY HABIT TRACKER

Check each day that you take action toward your new habits.

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun	What Went Well?
Habit 1	☐	☐	☐	☐	☐	☐	☐	
Habit 2	☐	☐	☐	☐	☐	☐	☐	
Habit 3	☐	☐	☐	☐	☐	☐	☐	
Habit 4	☐	☐	☐	☐	☐	☐	☐	
Habit 5	☐	☐	☐	☐	☐	☐	☐	

8. REFLECTION

What new habits am I most proud of?
How have they helped me so far?

AFFIRMATION

I choose healthy habits.
I choose recovery.
I choose the life I deserve.

AWARENESS ♥ CHOICE ♥ GROWTH ♥ STRENGTH ♥ FREEDOM

10.

MY SUPPORT TEAM

Stronger Together. You Don't Have to Do This Alone.

Having people who care and support my recovery makes a big difference. I will reach out. I will accept help.

Date: _____ Today I choose connection.

1. WHO IS ON MY SUPPORT TEAM?

Think of people who encourage, listen, and help you stay on track.

- _____
- _____
- _____
- _____
- _____
- _____

2. MY SUPPORT TEAM CONTACTS

Important people I can reach out to.

Name	Relationship	Phone / Email	Best Time to Reach	How They Help Me

3. PROFESSIONAL SUPPORT

Professionals who support my recovery.

Therapist / Counselor: _____

Phone / Email: _____

Best Time to Reach: _____

Doctor / Psychiatrist: _____

Phone / Email: _____

Best Time to Reach: _____

Support Group / Meeting: _____

Where: _____

When: _____

4. HOW I WILL REACH OUT

Ways I can ask for help.

- ☐ Call or text
- ☐ Talk in person
- ☐ Attend a meeting
- ☐ Write or journal
- ☐ Other: _____

5. WHAT I NEED FROM MY SUPPORT TEAM

What kind of support helps me most?

_____

_____

_____

_____

6. WHEN I NEED HELP MOST

What situations or feelings make it hardest for me? Who can I reach out to?

Situation / Feeling	My Plan	Who I Will Contact

7. I WILL ALSO BE A SUPPORT

How can I support others in their recovery?

_____

_____

_____

_____

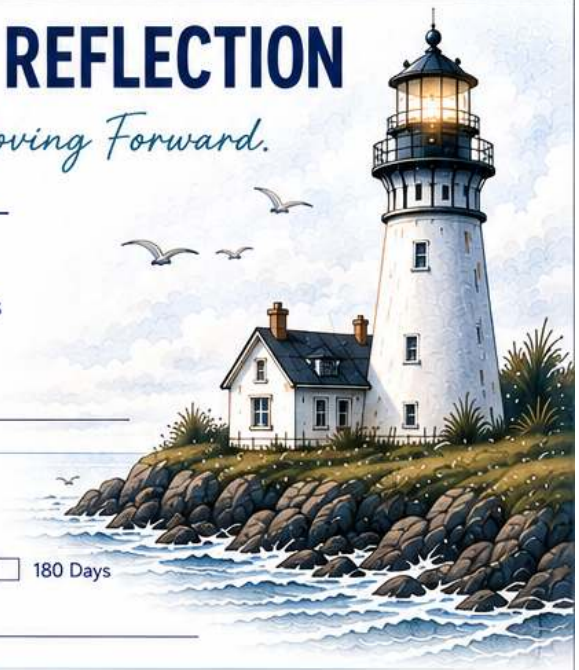
8. AFFIRMATION

I am not alone.
I have people who care.
I choose to reach out.
Together, we build a stronger, better future.

AWARENESS ♥ CONNECTION ♥ SUPPORT ♥ STRENGTH ♥ FREEDOM

11. RECOVERY MILESTONE REFLECTION

Look Back. Be Proud. Keep Moving Forward.



Every step I take in recovery matters.
I will take time to recognize my progress
and celebrate how far I've come.

Date: _____ Milestone I'm Reflecting On: _____

1. MY MILESTONE

Check the milestone you are celebrating.

☐ 1 Week ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days

☐ 1 Year ☐ 2 Years ☐ 5 Years ☐ Other: _____

2. WHAT I'M PROUD OF

What are 3–5 things I'm most proud of
since I started my recovery?

♥ _____
♥ _____
♥ _____
♥ _____
♥ _____

3. CHALLENGES I OVERCAME

What were some of the biggest challenges
I faced and how did I overcome them?

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

4. WHAT HAS CHANGED

How has my life improved since
I started my recovery?

_____
_____
_____
_____
_____

5. WHAT HELPED ME THE MOST

What people, tools, habits, or resources
helped me the most?

♥ _____
♥ _____
♥ _____
♥ _____
♥ _____

6. WHAT I'VE LEARNED ABOUT MYSELF

What have I learned about myself through this journey?

_____
_____
_____

7. MY GOALS FOR THE NEXT MILESTONE

What do I want to focus on next?

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

8. MY COMMITMENT

I am committed to my recovery.
I choose progress, not perfection.
I choose hope, healing, and a better future.

Signature: _____

Date: _____

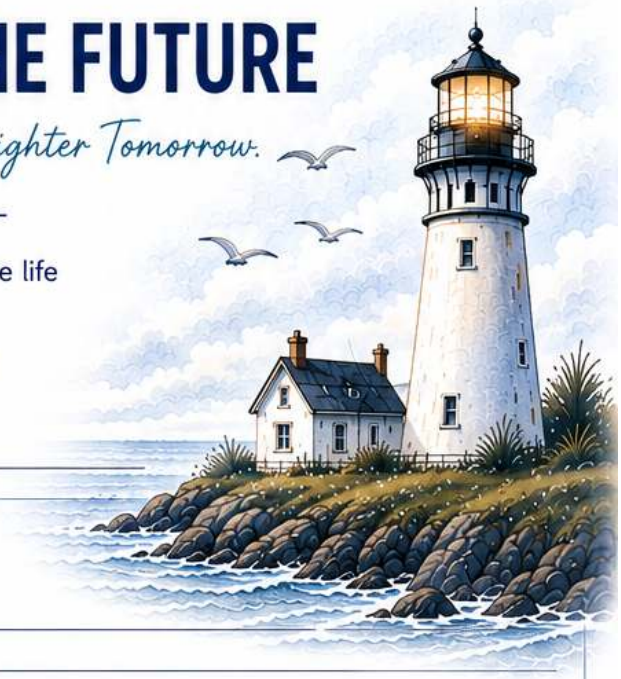
AFFIRMATION ♥

I am proud of how far I've come.
I am excited for where I'm going.
I choose recovery. I choose life.

AWARENESS ♥ GROWTH ♥ HOPE ♥ STRENGTH ♥ FREEDOM

12. MY VISION FOR THE FUTURE

A New Life. A New Story. A Brighter Tomorrow.



Recovery gives me the chance to build the life
I've always wanted. I choose hope.
I choose recovery. I choose a future
I'm proud of.

Date: _____ Today I choose my future: _____

1. MY DREAM LIFE

What does my ideal, recovery-filled life look like? Be as detailed as you can.

_____
_____
_____
_____

2. WHAT MATTERS MOST TO ME

What are the most important things
I want in my life?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. MY GOALS

What goals will help me create the future I want?

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

4. STEPS I WILL TAKE

What actions can I take today that will move me
closer to my future?

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

5. PEOPLE & THINGS THAT WILL SUPPORT MY FUTURE

Who and what will help me stay on the right path?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

6. REFLECTION

How do I want to feel when I look back on my recovery journey
one year from now? Five years from now? _____

_____
_____

AFFIRMATION

♥

I have a future worth fighting for.
I am stronger every day.
I choose recovery.
I choose freedom.

♡

I BELIEVE IN ME

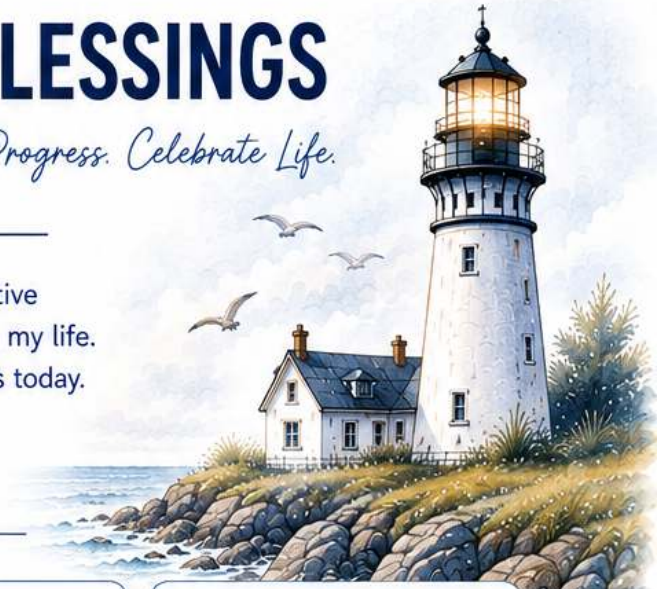
Signature: _____

Date: _____

HOPE ♥ PURPOSE ♥ PROGRESS ♥ FREEDOM ♥ NEW BEGINNINGS

13. GRATITUDE & BLESSINGS

Focus on the Good. Appreciate the Progress. Celebrate Life.



Gratitude helps me stay positive
and reminds me of all the good in my life.
I choose to focus on my blessings today.

Date: _____

Today I feel grateful for: _____

1. TODAY I AM GRATEFUL FOR...

List 3–5 things you are grateful for today.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

2. PEOPLE I APPRECIATE

List people who make a positive difference in your life.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. BLESSINGS BIG & SMALL

What are some of the small things that bring you joy?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

4. HOW GRATITUDE HELPS ME

How does focusing on gratitude help your recovery and well-being?

_____

_____

_____

_____

5. A LETTER OF THANKS (TO MYSELF)

Write a kind and encouraging letter to yourself for how far you've come.

_____

_____

_____

_____

6. CHALLENGES I'M THANKFUL HELPED ME GROW

What are 1–3 challenges you've faced that have made you stronger?

1. _____
2. _____
3. _____

7. GRATITUDE AFFIRMATION

Write an affirmation that reminds you to stay grateful.

_____

_____

8. DAILY REMINDER

How will you remind yourself to focus on gratitude each day?

_____

_____

_____

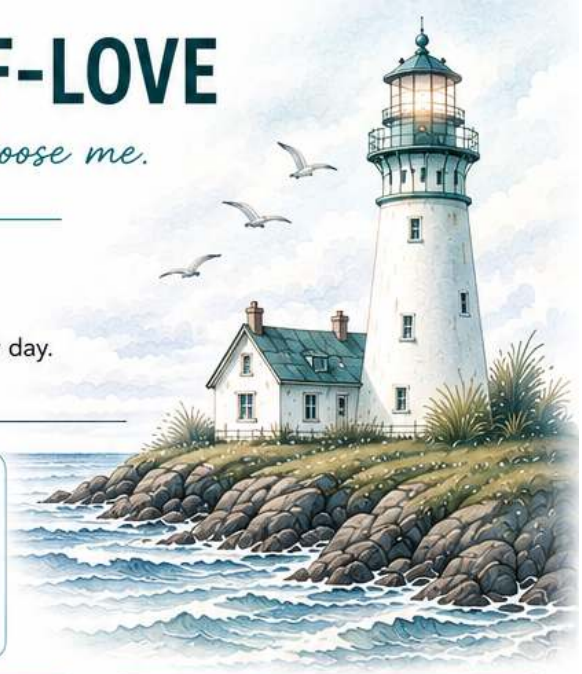
_____

AFFIRMATION

I am grateful for today.
I am excited for tomorrow.
I choose joy.
I choose gratitude.
I choose life.

14. SELF-CARE & SELF-LOVE

I matter. I am enough. I choose me.



Taking care of myself is not selfish.
It is necessary for my recovery.
I choose to love and care for myself every day.

Date: _____ Today I choose me by: _____

1. WHAT SELF-CARE MEANS TO ME

What does taking care of myself look like?

_____
_____
_____

2. THINGS I ENJOY

List 3–5 activities that bring me joy and help me feel good.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. WAYS I CAN CARE FOR MY MIND

List things I can do to support my mental well-being.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

4. WAYS I CAN CARE FOR MY BODY

List things I can do to support my physical health.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

5. WAYS I CAN CARE FOR MY SPIRIT

List things that help me feel connected, peaceful, and grounded.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

6. BOUNDARIES I NEED TO SET

What boundaries will help me protect my peace and stay on track?

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

7. SELF-LOVE AFFIRMATIONS

Write 3–5 loving things you can remind yourself every day.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

8. WHEN I FORGET TO CARE FOR MYSELF

What are signs I need to slow down and refocus?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

9. MY SELF-CARE PLAN

Make a plan to prioritize self-care this week.

What I Will Do	When I Will Do It	How It Will Help Me

Remember:
I can't pour from an empty cup. Taking care of myself helps me show up for my future. ♡

10. TODAY I CHOOSE ME

One thing I will do today to care for myself is:

_____

11. AFFIRMATION

I am worthy of love.
I am worthy of care.
I choose myself. ♡

12. CHECK IN

How do I feel after making self-care a priority today?

☺ 😐 ☹

LOVE ♥ CARE ♥ HEALING ♥ GROWTH ♥ STRENGTH ♥ FREEDOM

15. STRENGTH & RESILIENCE

I am stronger than my struggles. I choose resilience.

I have faced challenges, and I have survived.
Every day in recovery shows my strength.
I keep going, no matter what.

Date: _____ Today I honor my strength by: _____

1. MY JOURNEY SO FAR

What challenges have I overcome in my recovery journey?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

2. MY STRENGTHS

What are 3–5 strengths that have helped me in recovery?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. WHAT KEEPS ME GOING

What motivates and inspires me to keep choosing recovery?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

4. LESSONS I'VE LEARNED

What important lessons has recovery taught me?

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

5. HOW I HANDLE CHALLENGES NOW

What do I do differently when faced with a difficult situation?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

6. PEOPLE WHO BELIEVE IN ME

Who are the people who support me and believe in me?

- ♥ _____
- ♥ _____
- ♥ _____

7. SETBACKS DO NOT DEFINE ME

How do I remind myself that setbacks are a part of growth, not failure?

_____
_____
_____
_____

8. I AM PROUD OF...

List 3–5 things you are proud of about yourself.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

9. MY RESILIENCE AFFIRMATION

Write an affirmation that reminds you of your strength and resilience.

_____
_____
_____

10. MY COMMITMENT

I commit to using my strength to keep growing.
I choose resilience. I choose recovery.
I choose a better life.

Signature: _____

Date: _____

AFFIRMATION

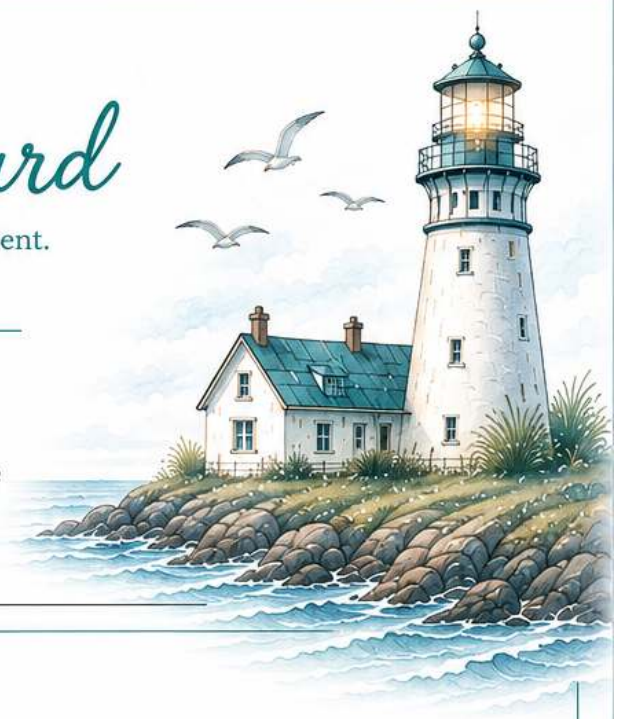
I am strong.
I am capable.
I have survived.
I will thrive.

COURAGE ♥ RESILIENCE ♥ HOPE ♥ STRENGTH ♥ FREEDOM

16.

LET GO & *Move Forward*

Release the past. Embrace the present.
Step into your future.



I cannot change the past,
but I can choose my future.
I let go of what no longer serves me
and make room for a better life.

Date: _____ Today I let go of: _____

1. WHAT I AM READY TO LET GO OF

List things, habits, or thoughts that hold me back.

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

2. WHAT I CHOOSE INSTEAD

What positive choices will I make for my future?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

3. STEPS TOWARD A BETTER FUTURE

What steps can I take today to move forward?

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

4. WHAT I LOOK FORWARD TO

What are 3–5 things I am excited for in my future?

- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____
- ♥ _____

5. REMINDER TO MYSELF

Write a kind and encouraging reminder to yourself.

_____
_____
_____

AFFIRMATION

♥

I release what holds me back.
I embrace what moves me forward.
I choose a brighter tomorrow.

♡

RELEASE ♥ GROW ♥ HEAL ♥ HOPE ♥ FREEDOM