

# My Recovery Plan

**1. Satisfaction with areas of my life.** Rate your satisfaction on a scale of 1-5 (1 = not satisfied, 3 = moderately satisfied, 5 = very satisfied) and why you feel that way.

- \_\_\_\_\_ **Physical health and wellness** (energy, stamina, weight, chronic illness, etc.)
- \_\_\_\_\_ **Mental health and wellness** (mood, anxiety, sleep, focus/memory, substance use, etc.)
- \_\_\_\_\_ **Professional activities** (work, school, volunteering, etc.)
- \_\_\_\_\_ **Relationships** (friends, family, church, community, intimacy, etc.)
- \_\_\_\_\_ **Recreation, hobbies, and creative expression** (music, art, dance, writing, etc.)

**2. What is my overall vision of recovery?** If my life could be anything I wanted it to be, what would it look like? Or, how could I add more meaning and joy to my life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What steps might I take to achieve these recovery goals?**

**Physical health and wellness** (energy, stamina, weight, chronic illness, etc.)

- What do I want to change? \_\_\_\_\_
- What are some first steps? \_\_\_\_\_
- What lifestyle factors are involved? (circle) exercise, diet, sobriety, sleep, mindfulness, connection

**Mental health and wellness** (mood, anxiety, sleep, focus/memory, substance use, etc.)

- What do I want to change? \_\_\_\_\_
- What are some first steps? \_\_\_\_\_
- What lifestyle factors are involved? (circle) exercise, diet, sobriety, sleep, mindfulness, connection

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**4. How many times did I choose (circle) each lifestyle psychiatry category?** Total the numbers from above and then consider focusing on the most frequently selected health behaviors.

\_\_\_\_\_ Exercise, \_\_\_\_\_ Diet, \_\_\_\_\_ Sobriety, \_\_\_\_\_ Sleep, \_\_\_\_\_ Mindfulness, \_\_\_\_\_ Connection