

PLAN OF ACTION

My Bottom Lines

My First Aid Kit (and/or Travel Kit)

I will complete my kit by: _____

Phone Call Tool

Meetings

Individual counseling sessions: _____

12- Step and other support group meetings: _____

Personal Reflection

Read (at least 15 minutes recovery reading daily): _____

Journal: _____

Spirituality

Prayer and meditation: _____

Scriptural or religious reading: _____

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Service to others

Exercise

At least 30 minutes daily: _____

Rest and Relaxation Guidelines

Get adequate sleep: _____

Take healthy breaks: _____

Little or no TV: _____

Nutritional Guidelines

Eat three balanced meals a day: _____

Healthy snacks between meals: _____

Avoid getting hungry: _____

Avoid junk food: _____

Other Interests

Music: _____

Reading: _____

Find something healthy that you enjoy doing: _____

Develop your talents: _____

Share you Plan of Action with your therapist or your group.