

**PLAN OF ACTION**

**My Bottom Lines**

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**My First Aid Kit (and/or Travel Kit)**

I will complete my kit by: \_\_\_\_\_

**Phone Call Tool**

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**Meetings**

Individual counseling sessions: \_\_\_\_\_

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12- Step and other support group meetings: \_\_\_\_\_

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**Personal Reflection**

Read (at least 15 minutes recovery reading daily): \_\_\_\_\_

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Journal: \_\_\_\_\_

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**Spirituality**

Prayer and meditation: \_\_\_\_\_

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Scriptural or religious reading: \_\_\_\_\_

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**PLAN OF ACTION**

Service to others

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**Exercise**

At least 30 minutes daily: \_\_\_\_\_

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**Rest and Relaxation Guidelines**

Get adequate sleep: \_\_\_\_\_

Take healthy breaks: \_\_\_\_\_

Little or no TV: \_\_\_\_\_

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**Nutritional Guidelines**

Eat three balanced meals a day: \_\_\_\_\_

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Healthy snacks between meals: \_\_\_\_\_

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Avoid getting hungry: \_\_\_\_\_

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Avoid junk food: \_\_\_\_\_

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**Other Interests**

Music: \_\_\_\_\_

Reading: \_\_\_\_\_

Find something healthy that you enjoy doing: \_\_\_\_\_

Develop your talents: \_\_\_\_\_

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