



## My Recovery Wellness Plan

1. What is my motivation for making this change and healthy choices for myself?

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2. What are my biggest barriers?

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3. What does my Recovery look like? Please check all recovery supports that apply.

Mutual Aid Groups \_\_\_\_\_  
Medication Assisted Treatment (MAT) \_\_\_\_\_  
Peer Support/Recovery Coach \_\_\_\_\_  
Inpatient \_\_\_\_\_  
Outpatient \_\_\_\_\_  
Family Support \_\_\_\_\_  
Recovery Centers \_\_\_\_\_  
Abstinence \_\_\_\_\_  
Service to Others \_\_\_\_\_  
Harm Reduction \_\_\_\_\_  
Personal Growth (mindfulness, nutrition, yoga...) \_\_\_\_\_  
Change in Environment \_\_\_\_\_

4. What is my family plan?

- I want to plan for a family, in the near future \_\_\_\_\_
  - I see a provider for my health \_\_\_\_\_
  - I am connected to resources for family planning \_\_\_\_\_
- I am not planning for a family, in the near future \_\_\_\_\_
  - I want connections to prevent pregnancy \_\_\_\_\_

5. What is my first goal?

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6. The first three things that I must do to move this goal forward are:

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

7. What are the things that must happen to get to the above tasks?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Steps I can take to prevent relapse:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**“You can, you should, and if you’re brave enough to start, you will.”**

— Stephen King

